

PATIENT HISTORY REPORT

Flushing Hospital Medical Center
 Department of Clinical Laboratories
 45th Avenue at Parsons Blvd., Flushing, NY 11355
 Marta Niederland, M.D., Director

PATIENT: SHIN, YOUNG
 MRN#: F838282
 Loc/Rm/Bed: F081X--
 DOB: 01/15/1957 AGE: 5
 ADM: ,
 ACCT#: F404578163

R E S P I R A T O R Y T H E R A P Y

-----F4060649-----
 COLLECTED | 10/06/11 03:10 | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

Collection Site	L. RADIAL	
Temperature	37.0	36.5-37.5 deg C
FIO2	21.0	%
A r t e r i a l B l o o d G a s		
pH (Arterial)	7.38	7.35-7.45
PCO2 (Arterial)	44.0	32.0-48.0 mmHg
PO2 (Arterial)	90.0	80.0-100.0 mmHg
HCO3 (Arterial)	26.0	18.0-26.0 mmol/L
Base Excess (Arterial)	0.6	-4.0-2.0 mmol/L
Carboxyhb (Arterial)	2.0	0.0-1.5 %

①

SHIN, YOUNG SOON

Allergies: No Known Allergies

Age: 54 years

DOB: 1/15/1957

Gender: F

Loc: Emergency Dept

EMR: 3697781

Fin #: 000409996204 Emergency: 000409996204

FlowSheet Orders Medication Profile Clinical Notes PowerNote ED Patient Information Form Browser MAR Intake and Output Task List Rad Results

FlowSheet Add Results FlowSheet Level ALL RESULT SECTIONS Table Group List

October 01, 2011 11:16 AM - October 03, 2011 11:16 AM (Clinical Range)

Navigator	Results
<input checked="" type="checkbox"/> Arterial Blood Gases	Arterial Blood Gases
<input checked="" type="checkbox"/> Misc Labs	Sample Type
<input checked="" type="checkbox"/> Presenting Information	APRTERIAL
<input checked="" type="checkbox"/> Medication Hx	268
<input checked="" type="checkbox"/> Vital signs and Measurements	439
<input checked="" type="checkbox"/> Pain Assessments	96
<input checked="" type="checkbox"/> Neuro	96
<input checked="" type="checkbox"/> Skin	23
<input checked="" type="checkbox"/> Respiratory	120
<input checked="" type="checkbox"/> Cardiovascular	08
<input checked="" type="checkbox"/> GI	7403
<input checked="" type="checkbox"/> Genito-Urinary	10
<input checked="" type="checkbox"/> OB GYN	
<input checked="" type="checkbox"/> Musculoskeletal	
<input checked="" type="checkbox"/> OB Psychosocial	
<input checked="" type="checkbox"/> Immunization Hx	
<input checked="" type="checkbox"/> Emergency Visits	
<input checked="" type="checkbox"/> Admit/Transfer/Discharge Dr	
<input checked="" type="checkbox"/> Valuables and Belongings Dr	
<input checked="" type="checkbox"/> Medical Hx	
<input checked="" type="checkbox"/> ED Documents	
<input checked="" type="checkbox"/> Patient Education	
<p>Presenting Information AS PER PT, B</p> <p>Triage Comments 3 Acute</p> <p>Tracking Activity SICK</p> <p>Visit Reason Self</p> <p>Mode of Arrival No Patient De</p> <p>ED HIV Test Offered</p> <p>Medication Hx</p> <p>Medication Y/N</p> <p>Vital signs and Measurements</p> <p>Temperature 97.8</p> <p>Temperature Method Temporal</p> <p>Heart Rate 78</p> <p>Respiratory Rate H 18</p> <p>Systolic Blood Pressure H 160</p> <p>Diastolic Blood Pressure 125</p> <p>Oxygen Saturation 96</p> <p>Nurses Note</p> <p>Pain Assessments</p> <p>Pain Symptoms HEADACHE</p> <p>Region 5</p> <p>Pain VAS Scale</p> <p>Neuro</p> <p>Adult Verbal Oriented</p> <p>Adult Motor Obeys Commands</p> <p>Adult Eye Opening Eyes open snc</p> <p>Neurological Assessment See GCS, Ass</p> <p>Adult GCS Calculation 15</p> <p>Neurological Additional Information AWAKE, ALEI</p> <p>Adult/Ped Glasgow ADM</p>	

11

P138 CLINIC

The NY Hosp Med Ctr of Queens

PO BOX 535
BALDWINVILLE, NY 13027
Tax ID: 111839362

Run Number:

11-147648

MultiMed Billing Service * Toll Free (800) 927-5845 * Local (315) 635-1789 * Fax (315) 635-3289

If you have insurance that will cover this claim, please fill out, sign and return the back of this form. Otherwise, remit payment or contact us to discuss payment arrangements. Please note, we do accept credit cards.

PLEASE COMPLETE THE INSURANCE QUESTIONNAIRE ON THE BACK OF THIS FORM AND RETURN BY MAIL OR FAX TO (315) 635-3289.

ADDRESSEE

YOUNG SOON SHIN
149-15 BARCLAY AVE APT 6
FLUSHING, NY 11355

PATIENT

YOUNG SOON SHIN
149-15 BARCLAY AVE, APT 6
FLUSHING, NY 11355

DATE OF SERVICE		FROM	TO	PAYOR
12/04/2011		Residence	Queens Hospital Center	Bill Patient

Date	Description	Quantity	Unit Price	Check #	Amount
	BLS Emergency Base Rate	1	\$827.40		\$827.40
	Mileage	4	\$7.72		\$30.88

PLEASE PAY THIS AMOUNT

\$858.28

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

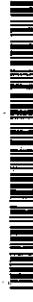
<input type="checkbox"/> Check / Money Order		Amount Enclosed	\$
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
CARD NUMBER	EXPIRATION	MUST INCLUDE'S DIGIT FROM BACK OF CARD	
PRINT NAME	ADDRESS		
CITY	STATE	ZIP	
SIGNATURE			AMOUNT
		\$	

REMIT TO

The NY Hosp Med Ctr of Queens
PO BOX 535
BALDWINVILLE, NY 13027

#3
#D-12

Run Number	Amount Due
11-147648	\$ 858.28
Statement Date	Due On
12/09/2011	12/23/2011
Patient Name	
YOUNG SOON SHIN	



QUEENS HOSPITAL CENTER
Department of Psychiatry - Inpatient Services
82-68 164th Street
Jamaica, NY 11432

Inpatient Nursing Admission Assessment

35-565-32 PS-S F
SHIN, YOUNG
01/15/57 30352499
DOB: 12/04/11

TO BE COMPLETED BY NURSING WITHIN 8 HOURS OF ADMISSION

<input type="checkbox"/> PATIENT PREFERRED TO SPEAK ENGLISH FOR THIS ASSESSMENT	<input type="checkbox"/> PATIENT PREFERRED A NON-ENGLISH LANGUAGE:
Preferred Language: <u>Korean</u>	
Patient is: <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Mute	
<input checked="" type="checkbox"/> Clinician spoke in patient's preferred language	<input type="checkbox"/> Staff Interpreter (other than the clinician) <input type="checkbox"/> Deaf Talk
<input type="checkbox"/> Interpreter Hotline (1500): <input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Refused interpreter services, used person below
<input type="checkbox"/> Telephonic	
Interpreter Identification include Staff's name/title, Interpreter's Name or ID# or Name/Relationship (must be 18 or older)	
# 11510	

IDENTIFYING DATA

Last: Shin First: Young AKA: _____
* Address: 149-15 Barclay Ave Tele: 917-982-2521
* Place of Birth: Floresville, TX 78125 Marital Status: S
Ethnicity: Korean Education: College

Religion/Cultural Preferences: ☐ Yes ☒ No Explain: _____

Legal Status: ☒ Emergency 9.39 ☒ Voluntary ☐ Involuntary Legal Status Expires: _____

Advance Directives: ☐ Yes ☒ No If yes, check one: ☐ Proxy ☐ DNR ☒ Not three

Admitted from: _____

Reason for Admission: Brought herself in thinking the landlord wants to kill her

Mode of Transport to Unit: ☐ Stretcher ☒ Wheelchair ☐ Ambulatory

Accompanied by: CCP Staff Relation: DA Telephone: 214

Property Clothing Sent Home: ☐ Yes ☒ No Searched by: NAME/TITLE ME HUDSON BHA

Personal Medication: ☐ Home ☐ Property Office ☒ None

Comment: _____

Vital Signs:

Temp: 97.9 °F ☒ Oral Height: 5'3 Weight: 144 BMI: _____

B/P sitting 130/92 standing 138/100 Pulse: 96 /min RR: 18 /min

Allergies: ☐ Yes ☒ No Food: Dries Drugs: Dries If yes, allergy band

ID Band: ☐ Yes ☒ No Comment: _____

Sleep Pattern "I sleep well"

MRA INTERDISCIPLINARY ASSESSMENT - REV. 5/10

(#4) Ambulance record & general CR Medical record disappeared.

Sun, 4 Dec 11 0645

Page 1 of 1

Queens Health Network
Chart Review Print

<u>Location</u> EP	<u>Patient Name</u> Shin, Young	<u>Patient Number</u> 3556532	<u>Visit Number</u> 3556532-2	<u>DOB</u> 01/15/57	<u>Sex</u> F
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Attending Physician

 Unscheduled Fall/Risk Assessment
 Event Time: Sun, 04 Dec 11 0645

Status: complete

Sun, 04 Dec 11 0645 Documented by Patrick Nicolas, RN

Fall/Risk Assessment: History of Falling: no Secondary Diagnosis: no
 Ambulatory Aid: none IV or Medlock: no Gait:
 normal Mental Status: oriented to own ability
 Fall Risk Score: 0

Documented By : Patrick Nicolas, RN

 Unscheduled Pain Assessment (Initial)

Event Time: Sun, 04 Dec 11 0645

Status: complete

Sun, 04 Dec 11 0645 Documented by Patrick Nicolas, RN

Current Pain? : no pain at this time
 Type of Pain Scale : Numeric Pain Scale
 Numeric Scale : 0
 Comfort/Function Goal : unable to determine: assign patient a pain level 3
 Pain Score : 0
 Nurse Signature : Patrick Nicolas, RN

* * * End of Report * * *

#6

Queens Health Network
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>DOB</u>	<u>Sex</u>
EP	Shin, Young	3556532	3556532-1	01/15/57F	

Attending Physician-----
Unscheduled ED Triage

Event Time: Sun, 04 Dec 11 0304

Status: supplemental

Sun, 04 Dec 11 0310 Documented by Elbert David, PA

Patient Chief Complaints: i need to get the chemical checked in my house.

Chief Complaint : Psychosis

Vital Signs

: Temp: 98.1 F (36.7 C) Temp Source: Oral Pulse:
88 bpm Resp: 16 O2 Sat: 99 % BP: 155/117
mmHg

Pain Level

: No pain present

UCG

: Not Pregnant

LMP

: post-menopausal

EKG

: No

Allergies Med

: no known allergies

Allergies Other

: no known allergies

Immunizations

: none

Last Med Hx

: No Significant Past Medical History

Rapid HIV Offered?

: Not Accepted

Domestic Violence

: No

Abuse/Neglect

: None

Smoking Status

: never smoked (<100 cigarettes in lifetime)

ESI Level (1-5)

: 3

Elopement Risk

: Yes

1-1 Assmt/HUGS Applied

: Yes

Exposure?

: No

Assis Risk

: no

Disposition

: Adult Area B

* * * End of Report * * *

#7

**NOTICE OF STATUS AND RIGHTS
C.P.E.P. EMERGENCY ADMISSION**
(to be given to the patient upon initial
examination and retention by a C.P.E.P. staff physician)

Section 9.40 Mental Hygiene Law

333 35 365 30 4		
SPIN 10496		
01/15/1957 F.M.A. FC		
Date of birth		
Unit/Ward/Reference No.		
Date of Arrival at C.P.E.P.		
Mo.	Day	Yr.

TO:

Based upon an initial examination by a staff physician, you have been admitted as an emergency-status patient to this Comprehensive Psychiatric Emergency Program (C.P.E.P.) for immediate observation, care and treatment. Within 24 hours of the time you are received in the C.P.E.P. emergency room, you will be examined by another physician, who is a member of the psychiatric staff of the C.P.E.P. If he or she confirms the first physician's findings, you will then be moved to an extended observation bed and may be kept in the C.P.E.P. for a period of up to 72 hours from the time you are received in the emergency room. During this 72 hour period you may be released, asked to remain as an informal-status patient, or be admitted to a psychiatric hospital as a emergency, involuntary or voluntary patient.

You, and anyone acting on your behalf, should feel free to ask C.P.E.P. staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this program.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the C.P.E.P. director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this program, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting C.P.E.P. staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this C.P.E.P. may be reached at:

**MENTAL HYGIENE LEGAL SERVICES
ELMHURST HOSPITAL CENTER
79-01 BROADWAY, C-11-8
ELMHURST, N.Y. 11373
718 334-2351**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician _____
COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

12/14/73
Date

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

**NOTICE OF STATUS AND RIGHTS
EMERGENCY ADMISSION**(to be given to the patient at the time of
admission to the hospital)**Section 9.39 Mental Hygiene Law**

Patient's Name (Last, First, M.I.)

338 35 565 32 4

"C" No.

SHIN, YOUNG

01/15/1957 EMR FC S

Sex

Date of Birth

Facility Name

Unit/Ward Residence No.

Date of arrival
at Hospital:

Mo.

Day

Yr.

TO: _____

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means "(a) a substantial risk of physical harm to the person as manifested by threats of, or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself; or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing that will take place as soon as possible, and in any event, within 5 days after the request is received by the hospital. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician

Date

COPIES TO: Persons designated by patient to be informed of admission.
(If None, type in "NONE".)

QHC Hospital
Queens Center
QUEENS HOSPITAL CENTER
DEPARTMENT OF PSYCHIATRY
UNIT: PS Phone: (718) 883-2988

11-265-32 PS-SF
SHIN YOUNG 60332499
11/13/11
ADM.
12/04/11
AC S

Admission Date 12/4/11 Discharge Date 12/6/11

ADULT DISCHARGE AND AFTER-CARE SUPPORT SERVICE PLAN:

Dear Young Shin, family member, significant other or other involved person:
You have just completed your psychiatric hospitalization at Queens Hospital Center for
paranoid thinking. We are glad that you have improved.
We believe that if you follow the recommendations outlined below, you will increase the likelihood of
continuing to improve. For progress to continue, it will be necessary for you to follow your
recommendations for: ☒ Medication ☐ Counseling or Psychotherapy ☐ Individual Instructions

Appointments:

Including Psychiatric, Medical, Educational, Vocational and Rehabilitative Treatment Services:
You have the following appointments:

Psychiatric Appointment - Date/Time Wed 12/7/11 9:30 AM
Agency/Address QHC - Adult outpt clinic - Pavilion Bldg - 3rd fl
82-68 164 ST
Contact/Phone # Debra Washington - 718-883-2872 Panama NY 11432

Date/Time _____ Purpose of Appointment _____
Agency/Address _____
Contact/Phone # _____

Date/Time _____ Purpose of Appointment _____
Agency/Address _____
Contact/Phone # _____

Date/Time _____ Purpose of Appointment _____
Agency/Address _____
Contact/Phone # _____

#10

QHC Hospital
 Queens Hospital Center
 DEPARTMENT OF PSYCHIATRY
 UNIT: _____ Phone: (718) 883- _____

33-565-32 P5-S F
 SHIM, YOUNG
 01/15/57 30352499
 12/04/11
 FCS

Intensive Case Management:

Patient ☐ is ☒ is not eligible for ICM Services. Patient agrees ☐ Yes ☐ No

AOT ☐ Yes ☒ No ☐ In progress

Agency: _____ Referral Date: _____

Contact Person: _____ Phone: _____

Living Arrangements:

Your social worker has worked with you to develop this plan; you will be living at:

41-02 Murray St

Freshing NY 11355

☒ Primary Contact Confirmed Name: ~~Tony Lee~~ Telephone # 347 332 9807 - friend

Patient/Family Agreement to living arrangements: ☒ Yes ☐ No

This is a ☐ supervised residence ☐ unsupervised residence ☐ home ☐ other _____

☐ There are children, or elderly or other dependents in the home, and the following services are available and could be contacted for assistance: _____

Contact # _____

Financial Arrangements: The following have been arranged, or are in progress: *employed*

☐ Public Assistance ☐ SSI ☐ SSD ☐ Medicaid ☐ VA benefits ☐ Medicare ☐ Others #:

Status of arrangement in progress and what you must do to follow up: _____

If you have any questions about financial arrangements, please contact Patient Accounts at 718-883-2482

Individual Instructions:

Patient/Family/Significant other agreement with aftercare plan ☐ YES ☐ NO

QHC hospital
center
QUEENS HOSPITAL CENTER
DEPARTMENT OF PSYCHIATRY
UNIT: _____ Phone: (718) 883- _____

25-365-32 PS-S F
SHIN, YOUNG
11/15/57 50352499
FC S 12/06/11

Allergies: _____

Diet: ☒ Regular ☐ Special Specify special diet: _____

Wound /Dressing Care Continued after discharge: ☐ YES ☐ NO ☒ N/A

Glucose Testing: Continued after discharge: ☐ YES ☐ NO ☒ N/A

Vaccination: ☐ YES ☒ NO

Pneumovax: Date Given _____ Influenza: Date Given _____

Condition: _____

Instructions: _____

Condition: _____

Instructions: _____

SMOKING CESSATION REFERRAL:

TO BE USED AT DISCHARGE FROM ADULT INPATIENT UNITS FOR ALL PATIENTS WHO SMOKE

☒ Patient does NOT smoke
(No further action indicated)

☐ Patient smokes

Current smoking cessation treatment:

☐ Nicotine Gum ☐ None

☐ Nicotine Patch ☐ Not motivated at this time

☐ Zyban ☐ Other: _____

QUEENS SMOKING CESSATION PROGRAM

Telephone No. (718) 883-4210

Date of appointment: _____ Time: _____

#113



QUEENS HOSPITAL CENTER
DEPARTMENT OF PSYCHIATRY
UNIT: PS-32 Phone: (718) 883- 2788
The Discharge and Aftercare Plan has

been reviewed with me. My questions have been answered and I understand the instructions:

[Signature]
Patient _____ Date _____

Nurse + provider number _____ Date _____

Nurse Practitioner + provider # _____ Date _____

Family/Involved/Relation/Other _____ Date _____
PATRICIA PENN, LCSW-R
PROVIDER #035527
Social Worker + provider number Date 12/6/14

[Signature] Georges Jean-Pierre, M.D.
Department of Psychiatry
Psychiatry Attending + provider # _____ Date 12/6/11

IN CASE OF EMERGENCY, THE PSYCHIATRIC EMERGENCY ROOM IS OPEN 24 HOURS- A- DAY SEVEN DAYS- A -WEEK.

Other: _____

Queens Hospital Centers' follow-up program has been explained to me and I understand it. Queens Hospital Center will follow up on my aftercare by calling me, after care agencies, living facilities, or any other agency that is working with me for a period of 30 days. The follow-up worker is Tara Street and their telephone number is: (718) 883-2207. I am also aware that I may receive a phone call from Healthstream inquiring as to my experiences and quality of care in the Hospital

[Signature]
Patient Signature _____ Date 12/6/2011

☒ Follow - Up ☐ Don't Follow Up
Date 12/6/11

GIVE ONE COPY TO PATIENT; PUT ONE COPY IN CHART, AND SEND ONE COPY TO NEXT LEVEL OF CARE ALONG WITH DISCHARGE SUMMARY. INFORM PATIENT ABOUT RECEIVING PHONE CALLS FROM KOSKINAS (FOLLOW-UP) WORKER AS WELL AS HEALTHSTREAM.

[Signature]
Social Worker Signature and Stamp _____ Date 12/6/11

PATRICIA PENN, LCSW-R
PROVIDER #035527

I don't want to sign this paper because I need to place of discharge against my will & this hell place against my will & get out this hell place without afraid of not get out this hell place without sign. #14

QUEENS HOSPITAL CENTER
 Department of Psychiatry - Inpatient Services
 82-68 164th Street
 Jamaica, NY 11432

35-565-32 PS-S F
 SHIN YOUNG
 01/13/57 20352499
 ADP. 12/24/11
 FC S

Inpatient Nursing Admission Assessment

PAST PSYCHIATRIC HISTORY:

APPEARANCE/GROOMING ☒ APPROPRIATE ☐ INAPPROPRIATE ☐ Well-groomed ☐ Disheveled

ORIENTATION

Alert and Oriented to:

☒ Time

☒ Place

☒ Person

☐ Situation

☐ Confused

☐ Uncooperative

☐ Does Not Recognize Illness

☐ Disorganized

AFFECT

Describe:

☒ Appropriate

☐ Constricted

☐ Flat

☐ Blunted

☐ Guarded

MOOD

Describe:

☒ Euthymic

☐ Labile

☐ Anxious

☐ Depressed

☐ Sad

☐ Irritable

☐ Other:

DELUSIONS:

Describe:

☐ YES ☒ NO

☐ Hallucinations

☐ Auditory

☐ Visual

☐ Tactile

☐ Olfactory

THOUGHT PROCESS:

Describe:

☐ Blocking

☒ No PROBLEMS

☐ Tangential

☐ LOA

☐ Flight of Ideas

☐ Circumstantial

BEHAVIOR DURING INTERVIEW

☐ Cooperative

☐ Partial Response

☐ Refused to Answer

☐ Suspicious

☐ Agitated

Describe:

HISTORY OF VIOLENCE: ☒ DENIES ☐ Self ☐ People ☐ Objects

QUEENS HOSPITAL CENTER
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35-565-32 PS-S F
SHIN, YOUNG
1/15/57 50352499
DOB: 12/04/11
PC S

Inpatient Nursing Admission Assessment

FUNCTIONAL SCREEN

1. Activities of Daily Living

	<u>Independent</u>	<u>Assisted</u>	<u>Dependent</u>	<u>Problem/Nursing Dx</u>
Feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Altered Self-Care
Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Grooming Hygiene
Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nutritional Maintenance
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Receives Home Care Services: ☐ Yes ☒ No

Note: _____

2. Mobility Status:

- ☒ Ambulatory ☐ Transfer w/Assistance ☐ Nursing staff can adequately Provide care
- ☐ Bedbound ☐ Ambulatory w/Assistance ☐ MD Referral is needed
- ☐ Wheelchair Bound

MORSE FALL SCALE ASSESSMENT (circle and add all numbers which apply)

Directions: The RN will assess the patient on admission, upon transfer, with change in condition, after a fall and weekly. Circle the appropriate number in the box and then total. If the total is 45 or greater, the patient is at risk for falling.

History of Falling	No = 0 Yes = 25
Secondary Diagnosis	No = 0 Yes = 15
Ambulatory Aid	None/Bed rest/Nurse Assist = 0 Crutches/Cane/Walker = 10 Furniture = 30
Intravenous or Medlock	No = 0 Yes = 25
Gait	Normal/Bed rest/Wheelchair = 0 Weak = 10 Impaired = 20
Mental Status	Oriented to own ability = 0 Overestimates/Forgets limitations = 15
Implement Falls Protocol for Falls Prevention if Total Score is Greater than 45. TOTAL: 0	

Brought to hospital: ☐ Glasses ☐ Hearing Aid ☐ Cane ☐ Wheelchair
☐ Contacts ☐ Prosthesis ☐ Walker ☐ Other:

- ☐ Potential for Fall ☐ Alternation and Mobility
- ☐ Educate on Fall Prevention ☐ Fall Protocol initiated and documented

QUEENS HOSPITAL CENTER
Department of Psychiatry – Inpatient Services
 82-68 164th Street
 Jamaica, NY 11432

Inpatient Nursing Admission Assessment

35-565-32 PS-S F
 SHIN, YOUNG
 01/15/57 00352499
 DOB: 12/04/11
 FCS

ALCOHOL/DRUG SCREEN

1. Do you ever feel you should cut down on your drinking or drug use? ☐ Yes ☒ No
 2. Type of Drink: Drinks Amount: Denies Time of Last Drink: Denies
 3. Drug Use: Denies How Much/Day: Denies Last Use: Denies
 4. Have you had DT's, withdrawal seizures or ever had treatment for alcohol/drug withdrawal? ☐ Yes ☒ No
- AA/NA participation? ☐ Yes ☒ No

VIOLENCE SCREEN

- A. Has someone ever tried to restrict your freedom or keep you from doing things that were important to you (e.g. going to school, seeing friends or family)? ☐ Yes ☒ No
 - B. Has someone ever threatened to hurt you or someone close to you? ☐ Yes ☒ No
 - C. Has your partner or ex-partner ever hit you or physically hurt you? ☐ Yes ☒ No
 - D. Have you ever been raped or sexually assaulted? ☐ Yes ☒ No
 - E. Have you been accused of child/spousal/elder abuse? ☐ Yes ☒ No
- If yes, describe _____

BROSET VIOLENCE CHECKLIST (BVC)

The BVC is a short checklist to help predict violent behavior during the next 24 hours. Checklist will be Completed upon admission and daily until the patient scores less than 2. Plan of care for violent/aggressive patient will be initiated and discontinued.

Score (1) if present or (0) if absent during the Tour preceding scoring. Note regarding patients who exhibit target behaviors on a persistent basis at their baseline: an increase in the behavior over the baseline level is scored as (1), but a behavior exhibited at the baseline level is scored as (0).

Completed by: S. Spil, R.N.
 Date: 12/4/11 Tour I II III
 Previous Tour score was _____
 Violent behavior past Tour? Yes No
 Stat doses psychotropic medications administered past Tour? Yes _____ No _____

Confused	0	<input checked="" type="checkbox"/> 1
Irritable	0	<input checked="" type="checkbox"/> 1
Loud, unruly	0	<input checked="" type="checkbox"/> 1
Physically threatening	0	<input checked="" type="checkbox"/> 1
Verbally threatening	0	<input checked="" type="checkbox"/> 1
Attacking objects/persons	0	<input checked="" type="checkbox"/> 1
SUM TODAY'S SCORE:		0

119

QUEENS HOSPITAL CENTER

Department of Psychiatry – Inpatient Services

82-68 164th Street

Jamaica, NY 11432

33-565-32 PS-S F
J1/15/57 00352499
ADM. 12/04/11

Inpatient Nursing Admission Assessment FC S

ELOPEMENT RISK ASSESSMENT

Indicator	Assessment			Reassessment		
	Yes	No	Date	Yes	No	Date
* Patient has a prior history of elopement from an inpatient psychiatric setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
* Patient is checking doors and windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
* Patient is making attempts to escape from the unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
* Patient is making verbal statements of intent to leave the unit without permission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
Patient has a prior history of AWOL from other facilities, i.e. hospital, school,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
Current substance withdrawal with verbalization of strong urge to use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
Patient is fearful and demonstrating paranoia related to the hospital environment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
RN Initials		SN				
* Denotes high risk						

If the patient is positive or answers "YES" to any of the indicators in bold print with an asterisk he/she is a **HIGH RISK** for elopement and the RN will: (1) Notify MD for collaboration, (2) Develop a plan of care which includes maintaining patient on Every-15-Minute Observation.

- If possible, restrict patient to the unit unless there is an emergency – no off-unit appointments
- Encourage patient not to stand near the exit door
- Assign the patient a room away from the unit exit door
- RN to meet with the patient every shift to establish trust relationship and assess risk for elopement
- Elicit the patient's cooperation and document patient understanding of the plan of care.
- If appropriate, place patient in hospital pajamas after discussion with MD document the reason in the patient's medical record.

If the patient is positive or answers "YES" to any of the other indicators not bolded, he/she is at **MODERATE RISK** and should be placed on Every-15-Minute Observation and notify MD.

MD/NP/PA Review of the Elopement Assessment):

Date:

QUEENS HOSPITAL CENTER
Department of Psychiatry – Inpatient Services
82-68 164th Street
Jamaica, NY 11432

Inpatient Nursing Admission Assessment

35-565-32 PS-S F
SHIN, YOUNG
11/15/57 00352499
DOB: 12/04/11
PC S Addressograph

Sleep Apnea Screening Tool

Obtain information from patient, family, and/or observations by provider.

	Yes	No
1. History of sleep apnea		✓
2. Loud/heavy snoring (loud enough to be heard through a closed door)		✓
3. Daytime hypersomnolence (feeling unrefreshed upon awakening and/or falls asleep easily in a non-stimulating environment e.g. watching TV, reading or riding)		✓
4. Witnessed apneas (loud snoring → quiet → loud snoring)		✓
5. Obesity (BMI)		✓
6. Neck circumference 17 inches (men) or 16 inches (women)		✓

The sleep apnea screen is positive as per below:

- If the patient has items 1 – 4, or
- If the patient has item 5 or 6 in conjunction with items 1, 2, 3, or 4.

Notification of a positive screen made to:

MD/NP/PA-notified _____ Date _____

Follow-up Sleep Apnea Screen:

S. Poil RN 6068 _____ Date 12/4/11
RN Signature

(A 18)

32-565-32 PS-S F NEW YORK CITY
SHIN, YOUNG 6035 HEALTH AND HOSPITAL CORPORATION
1/15/57
ADM. 12/04/11 NUTRITIONAL SERVICES DEPARTMENT
FC S

BEHAVIORAL HEALTH
SCREEN FOR NUTRITIONAL RISK
ADULT (In -Patient)

Nutritional High Risk: (Priority 1)

- ☐ Unintentional weight loss > 5% in 30 days
- ☐ PO intake < 50% of usual for 3 days
- ☐ Diagnosis of Malnutrition (Failure to thrive)
- ☐ Unintentional vomiting/diarrhea > 3 days
- ☐ Difficulty chewing/swallowing/sore mouth
- ☐ Uncontrolled DM, DKA or New Onset DM
- ☐ Gestational Diabetes
- ☐ AIDS
- ☐ Pregnancy
- ☐ Metastatic Cancer/Head, Neck Ca/GI Ca
- ☐ Acute Renal Disease
- ☐ Pressure Ulcers

Nutritional Moderate Risk: (Priority 2)

- ☐ Anorexia/Bulimia
- ☐ Dementia/Alzheimers
- ☐ Concern that food/fluid may be poisoned/altered
- ☐ Overly active/unable to take time to eat/drink
- ☐ Uninterested in eating
- ☐ Constipated > 3 days
- ☐ BMI > 30
- ☐ History of DM
- ☐ BMI < 17

NUTRITIONAL LOW RISK: (Priority 3)

- ☒ No nutritional referral needed at this time

* For Food Preferences call Food and Nutrition Department at 3-3838

Completed by: S. Phil

Nursing Signature

RD

Title

12/4/11

Date

1:45

Time

(#20)

The NY Hosp Med Ctr of Queens

PO BOX 535
BALDWINVILLE, NY 13027
Tax ID: 111839362

Run Number:

11-121874

MultiMed Billing Service * Toll Free (800) 927-5845 * Local (315) 635-1789 * Fax (315) 635-3289

If you have insurance that will cover this claim, please fill out, sign and return the back of this form. Otherwise, remit payment or contact us to discuss payment arrangements. Please note, we do accept credit cards.

PLEASE COMPLETE THE INSURANCE QUESTIONNAIRE ON THE BACK OF THIS FORM AND RETURN BY MAIL OR FAX TO (315) 635-3289.

ADDRESSEE

YOUNGSOON SHIN
149-15 BARCLEY AVE
FLUSHING, NY 11354

PATIENT

YOUNGSOON SHIN
149-15 BARCLEY AVE
FLUSHING, NY 11354

DATE OF SERVICE	FROM	TO	PAYOR
10/06/2011	Residence	Flushing Hospital Medical Ctr	Bill Patient

Date	Description	Quantity	Unit Price	Check #	Amount
	BLS Emergency Base Rate	1	\$827.40		\$827.40
	Mileage	2	\$7.72		\$15.44
	NY State HCRA Surcharge 8.85%	1	\$81.08		\$81.08

PLEASE PAY THIS AMOUNT

\$923.92

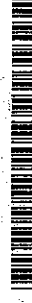
DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

<input type="checkbox"/> Check / Money Order		Amount Enclosed \$
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
CARD NUMBER	EXPIRATION	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
PRINT NAME	ADDRESS	
CITY	STATE	ZIP
SIGNATURE	AMOUNT \$	

REMIT TO

The NY Hosp Med Ctr of Queens
PO BOX 535
BALDWINVILLE, NY 13027

Run Number	Amount Due
11-121874	\$ 923.92
Statement Date	Due On
11/02/2011	11/16/2011
Patient Name	YOUNGSOON SHIN



Patient Name SHIN, YOUNG SOON

Account Number 404578163

Flushing Hospital Medical Center

Emergency Department Nursing Notes and Vital Sign

Medical Record No. 838282

Date 10/6/2011

Time Entered: 10/6/2011

Vitals Taken By: CAM

Temperature	Pulse	Blood Pressure	Respirations	Pulse Ox	Pain Scale
O 98.0	Right 71	R 121/65	14	100%	No Pain @ this time
T	Left	L			
R					

Nursing Notes

Time Note Entered	RN Initials	Note
10/6/2011	2:23 CAM	Pt walk-in ER with multiple complaint; pt stated she smell gas in her apartment yesterday and have it checked but negative; with headache and nausea; Gen App- Awake A&Ox3; Skin- No pallor/ rashes warm & moist; Neck- NT Full ROM No JVD; Lungs- Lungs CTA No Ret; Chest Wall- Chest Wall NT; ABD- Tenderness-None; ABD- BS-NL/No Bruits; ABD- No Pulsating Masses; Extr- Throughout all; Extr- Extremities; Extr- No Tenderness; Extr- Appearance Normal; Extr- CBR < 2 sec; Extr- Active ROM-Full; Neuro- Gait Normal <i>when patient walk in she stated if fire department not here for gas, your blood would be bad</i>
10/6/2011	2:54 CAM	Pt seen and examined by Dr. Patel; kept pt comfortable; continue monitor. <i>but</i>
10/6/2011	4:07 CAM	Pt remain awake and alert; pt insisted that she's retaining CO2 and that another test needs to be done; Dr. Patel spoke to pt and explained the result; pt medically cleared for discharge home. <i>lab report</i>
10/6/2011	4:20 CAM	Pt refused to sign D/C insisting that she suffered from Carbon Monoxide Poisoning, demanding another test; Dr. Patel informed; called security for assistance to D/C pt. <i>2/2</i>
Primary Nurse Diagnosis	Comfort, Altered	Primary Nurse Outcome
Primary RN (Print)		Achieved Demonstrate Decrease S & S Yes

Lab report CO in my blood.
2/2

See pt
Ref
The NT HOSP
car of
b.v.

#22

Flushing Hospital Medical Center Triage

Category **3 ESI-3 (Urgent)**

Arrival Method/Time	Emergency Room	Waiting for Time	2:03	Event Date/Time	2:14
Date/Time	10/6/2011 1:59	2:00			
Staff Status	Non-Staff	Primary Physician	N/A		
Transported by	Ambulance	Private	Mode	Walked	
Police Dept	Self	Custody	Notification	Beat #	
Physician	Self	Custody	Notification	Beat #	
Physician	Self	Custody	Notification	Beat #	
Physician	Self	Custody	Notification	Beat #	

pt states she smells gas in her house house was checked but has negative readings pt has multiple c/o at time of triage

Chief Complaint
c/o of dizzy nausea/chills

History of Present Illness
Associated with a recent fall from a ladder

Additional:
☒ No Significant PMHx
☐ Asthma ☐ COPD ☐ CAD ☐ Cancer ☐ CHF ☒ CVA
☐ DM ☐ HTN ☐ Psych ☐ Renal ☐ Seizures ☒ Substance Abuse

Medications
☒ No Meds ☐ Unknown
 pain med

Allergies
 No Known Drug Allergies

Immunizations
 Unknown
 TB Hx, PPD Pos or No
 Infectious Exposures?
 *If yes to TB or Infectious question take precautions

Mental Status / Responder's Level
 Alert Oriented

Physical Exam	Vitals	Neuro	ENT	Card	Resp	GI	GU	MSK	Neuro
R L Clear <input type="checkbox"/> <input type="checkbox"/> Diminished <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> Retractions <input type="checkbox"/> <input type="checkbox"/>	Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>	R L Equal <input type="checkbox"/> <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Cataract <input type="checkbox"/> <input type="checkbox"/>

Neuro
 Normal

ENT
 No/Fall Risks Identified

Card
 No risk identified

Resp
 AWR

GI
 Triage Nurse: Whitehead, Loraine (RN)
 Triage II: LWH
 Triage III: LWH

GU
 LWBS ☐ LW Completed Tx/Eloped ☐ AMA ☐ AMA Refused ☒

Patient Rights and Responsibilities and Guide to Pain Management given to Patient, Family, and/or Caretaker

Handwritten signature and date 10/23

IN THE MATTER OF THE CLAIM OF

-against-

TO = COMPTROLLER OF THE CITY OF NEW YORK

PLEASE TAKE NOTICE that the claimant hereby makes claim and demand against the City of New York as follows:

1. The name and post-office address of each claimant and of his attorney is:

YOUNG SHIN

149-15 Barclay Ave #6

Flushing, NY 11355

2. The nature of the claim:

Civil Right Violation
Medical Malpractice

3. The time when, the place where and the manner in which the claim arose:

12/04/2011 Queens Hospital Center in Sammamish, WA

4. The Items of Damage of Injuries Claimed Are:

The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: March 2, 2012



Young Shin

#24-A

Sworn to before me on 3.7
2nd March of 2012



YOUNGSOO CHOI
Notary Public, State of New York
No. 02CH6114697
Qualified in Queens County

IN THE MATTER OF THE CLAIM OF

-against-

NYC Agency (Queens Hospital)
in Samir

TO = COMPTROLLER OF THE CITY OF NEW YORK

PLEASE TAKE NOTICE that the claimant hereby makes claim and demand against the City of New York as follows:

1. The name and post-office address of each claimant and of his attorney is:

YOUNG SHIN

149-15 Barclay Ave #6

Flushing NY 11355

2. The nature of the claim:

Civil Right Violation

Medical Malpractice

3. The time when, the place where and the manner in which the claim arose:

12/04/2011 Queens Hospital Center in Samir

4. The Items of Damage of Injuries Claimed Are:

The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Witness: March 2, 2012



Young Shin

#24-A

Sworn to before me on 12.7
2nd March of 2012

YOUNGSOO CHOI
Notary Public, State of New York
No. 02CH6114697
Qualified in Queens County

OFFICE OF THE COMPTROLLER CITY OF NEW YORK

CLAIMANT INFORMATION
NOTICE OF CLAIM
 CLAIMANT'S NAME: Young Ship TEL. #: (979) 992-2525
 STREET ADDRESS: 149-15 Barclay Ave #6
 CITY: Flushing STATE: NY ZIP: 11355
 SOC. SEC. # or TAX I.D. #: _____

CLAIM INFORMATION
 CITY AGENCY INVOLVED: Queens Hospital Center in Jamaica
 NATURE OF CLAIM: (ATTACH ADDITIONAL SHEET(S) OF PAPER, IF NECESSARY)
Civil Right violations
Medical malpractice

TOTAL AMOUNT CLAIMED: \$ TBD

IF MORE THAN ONE ITEM IS INCLUDED IN THE TOTAL AMOUNT CLAIMED, SUPPLY BREAKDOWN OF AMOUNTS AND SPECIFY ITEMS: (ATTACH ADDITIONAL SHEET(S), IF NEEDED)

ITEM	AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION, PREVIOUS CORRESPONDENCE, INVOICES, ETC.

CLAIMANT'S SIGNATURE: [Signature]
 SS: STATE OF N.Y.
 CITY OF N.Y. SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 DAY OF March, 2012

 NOTARY
 YOUNGSOO CHOI
 Notary Public, State of New York
 No. 02CH6114697
 Qualified in Queens County
 Commission Expires August 23, 2012

TO: OFFICE OF THE COMPTROLLER
 DIVISION OF LAW - RM.1225 South
 1 CENTRE STREET
 NEW YORK, N.Y. 10007
 TELEPHONE # (212) 669-4736

24-B

[Print in black ink to fill in the spaces next to the instructions. Both pages must be completed. This summons cannot be used for divorce actions.] XS

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

~~Peer Person Application~~
~~Pending Determination~~

YOUNG SHIN

[Your name(s)]

Plaintiff(s)

-against-

① Queens Hospital Center in Jamaica
CNYC Health & Hospital Corp

② NYC

[Name(s) of party being sued] Defendant(s)

To the Person(s) Named as Defendant(s) above: X

SUMMONS WITH NOTICE

Index No. 4234, 13

3/5 2013
Date Index No. purchase

*Request for Justice
Intervention*

PLEASE TAKE NOTICE THAT YOU ARE HEREBY SUMMONED to appear in this action by serving a notice of appearance on the plaintiff(s) at the address set forth below, and to do so within 20 days after the service of this Summons (not counting the day of service itself), or within 30 days after service is complete if the summons is not delivered personally to you within the State of New York.

YOU ARE HEREBY NOTIFIED THAT should you fail to answer or appear, a judgment will be entered against you by default for the relief demanded below.

Dated: 6 March 2013 YOUNG SHIN

[Date of summons]

[Your name(s)]

FILED

MAR 05 2013

COUNTY CLERK
QUEENS COUNTY

YOUNG SHIN

149-09 Northern Blvd #3B

Flushing, NY 11354

[Your address(es) and telephone no.(s)]

County of Queens:

Subscribed and Sworn
to (or Affirmed) before

me this 6th day of March 2013

JEAN CLAUD J LAFAYE
Notary Public, State of New York
No. 01 LA5034391

Qualified in Queens County
Commission Expires 04/17/2014

Notary Public

4234-13

**Poor Person Application
Pending Determination**

At IAS Part 10 of the
Supreme Court of the Queens County
Courthouse, located at 88-11 Surphin Blvd.,
Jamaica, NY 11435

This 12 day of March, 2013

PRESENT: Hon. HON. JEREMY S. WEINSTEIN

Admin Judge

YOUNG SHIN

Plaintiff/Petitioner,

-against-

① Queens Hospital Center in Jamaica
CNYC Health & Hospital Corp)

② NYC

Defendant/Respondent.

POOR PERSON ORDER
PURSUANT TO
CPLR § 1101(d)

Index No. 4/234/13

FILED

MAR 22 2013

COUNTY CLERK
QUEENS COUNTY

Upon reading and filing the affidavit of the Plaintiff/Petitioner, sworn to on the _____

day of 03/05, 2013, seeking to commence an action/special proceeding for
Civil Right Violation, and due deliberation having been had thereon, it is:
& malpractice

ORDERED, that the application of the Plaintiff/Petitioner for leave to proceed as a poor person is GRANTED, and all fees and costs relating to the filing of the pleadings and the Request for Judicial Intervention (RJI) are waived.

✓ ORDERED, that the application of the Plaintiff/Petitioner for leave to proceed as a poor person is DENIED. Plaintiff must pay the statutory Index Number fee and all accompanying fees within 120 days from the date of this order or the action is deemed dismissed without prejudice.

_____ **ORDERED**, that all fees and costs relating to filing an appeal of this Order are waived.

ENTER:

226

J.S.C.
HON. JEREMY S. WEINSTEIN

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

CV 14 - 4133

COPY

COMPLAINT

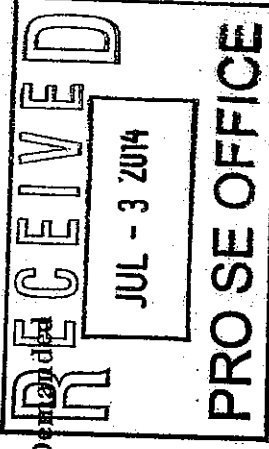
[Your Name], _____X

YOUNG SHIN
Plaintiff,

- against -

[Insert Names],
Orkos Development LLC
Defendants.

Jury Trial Demanded



I. Parties:

Plaintiff YOUNG SHIN, resides at

Defendant Orkos Development LLC, resides at

Defendant _____, resides at

II. The jurisdiction of the Court is invoked pursuant to

on a.o.f.f., gas poisoning, cruel, hazardous environment for life statement of claim. [give a clear and concise statement of facts: where the claim arose, the date of each relevant event, a description of what occurred and how each defendant named was involved in the claim] From 07/01/2011 to 07/17/2012 Young Shin had exposed to remained poisoning gas, mold, hazard, dangerous, cruel, irresponsible young human misery length of the time on 149-11 Barclay Ave #6 basement Flushing, NY 11355.

III.

Remedy: State what relief, such as money damages, you seek from each defendant. * In all to plaintiffs damage in sum that exceeds the lawsuit or other amounts of any lower court plus interest from the date of accident, the cost of disbursement of each case of action.

IV.

Remedy: State what relief, such as money damages, you seek from each defendant. * In all to plaintiffs damage in sum that exceeds the lawsuit or other amounts of any lower court plus interest from the date of accident, the cost of disbursement of each case of action.

Date

* my landlord must give a proper punishment

because of all defendants illegal behaviors + crimes

Sign Your Name

YOUNG SHIN

Telephone Number

917-992-9525

1-C

SEUNG KWON LE
Notary Public, State of N.Y.
Qualified in Queens Co.
No. 01LE6289526

Hi * Hello, my name is

Dennis Baranolica.

I'm friend of young son

Shin, and lately she

has come to me couple

and worry about her

apartment having danger

gas. She seems to be very

worry about her health

to fits Gas running

problem. I decided to go

and experiences it must

she was completely right.

my stomach and have

started hurting immediately

I decided to bring other

people even a ~~to~~ individual

who's name is Herman

any questions

call me to

(917) 435 - 7259.

Charge

646-468-5869

25-65 Parsons Blvd

2 Floor

Flushing

NY 11354

and he was aware of the small. In concern about my friend's health I want people to try to understand what she is desperately has been trying to express, but do her level of language she can't really explain it. We feel that her landlord is doing this purposely for his convenience or ~~is~~ taking her out the place or maybe hurt her health. Her and everyone else who is part of this community deserves to be listen. We demand for someone to run a investigation and to analyse and observe with full dedication what's going on. We want change lets start somewhere.

ITEM NUMBER	DESCRIPTION OF VIOLATIONS
----------------	---------------------------

Test for carbon monoxide with
① test revealed no detection.

Your Landlord will be notified of operations Observations and appropriate action taken.

E (Rev. 1/03)

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION REPORT — NOTICE OF VIOLATION

PG. 1 OF 2

OWNER/Tenant Young Shin	D/B/A 35mt Apt 149-15 Barclay Ave	C.C. NO. 368
ADDRESS 149-15 Barclay Avenue	BORO Queens	PERMIT NO.
BUREAU B	PROGRAM TX	DATE 10/28/11

ITEM
NUMBER

DESCRIPTION OF VIOLATIONS

Re: Initial Carbon Monoxide Investigation

- A visit was made by office of Environmental Investigations to investigate as possible Carbon monoxide hazard in basement apt.

- Access into apt was gained by tenant.

- Interview with tenant revealed the following

- For the past three months she has noted identifiable odors within her apt - She suspects odors emanate from laundry room that shares a common wall with her apt. She is concerned that Carbon monoxide is entering her apt.

- Survey of apt revealed the following

- Apt is located within basement of a multiple dwelling - Odors fumes were

NOTICE: Department of Health and Mental Hygiene employees must show identification on request.

RECEIVED BY X Mailed	SIGNATURE & BADGE # C. Brade 3059	SUPERVISOR'S SIGNATURE	DATE
-------------------------	--------------------------------------	------------------------	------

148E (Rev. 1/03) PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a FINE of not more than \$500 or not more than 60 days imprisonment or both. — NYC ADMINISTRATIVE CODE, SEC. 1151-9.0.

4 X (5) 10

PATIENT HISTORY REPORT

Lushung Hospital Medical Center
 Department of Clinical Laboratories
 5th Avenue at Parsons Blvd., Flushing, NY 11355
 Arta Niederland, M.D., Director

PATIENT: SHIN, YOUNG SOON
 MRN#: F838282
 Loc/Rm/Bed: F081X--
 DOB: 01/15/1957 AGE: 56 SEX: F
 ADM: ,
 ACCT#: F404578163

R E S P I R A T O R Y T H E R A P Y

LECTED: 10/06/11 03:10 REFERENCE RANGE
 PHYSICIAN: STAT STAFF, PHYSICIAN

Location Site	L. RADIAL	
Temperature	37.0	36.5-37.5 deg C
pO2	21.0	
Arterial Blood Gas		
pH (Arterial)	7.38	7.35-7.45
pO2 (Arterial)	44.0	32.0-48.0 mmHg
pCO2 (Arterial)	90.0	80.0-100.0 mmHg
pO3 (Arterial)	26.0	18.0-26.0 mmol/L
Base Excess (Arterial)	0.6	-4.0-2.0 mmol/L
Base Deficit (Arterial)	2.0	0.0-1.5

1-2

SHIN, YOUNG SOON - 3697781 Opened by KUNDENWITZ Resident AD, CARABELA

Task Pick Year Time Scale Options Help

SHIN, YOUNG SOON - 3697781 台 AS 01/11/16 AM

SHIN, YOUNG SOON - 3697781
Age: 54 years
DOB: 1/15/1957
Gender: F
EMR: 3697781
Fin# 000409995204
Loc Emergency Dept
Emergency 000409995204

SHIN, YOUNG SOON
Allergies: No Known Allergies

Flowsheet	Orders	Medication Profile	Critical Notes	Patient Information	Form/Bioses	Intake and Output	Task List	Rad Results
<p>Flowsheet: All Results Flowsheet Level: ALL RESULT SECTIONS</p> <p>October 01, 2011 11:16 AM - October 03, 2011 11:16 AM (Clinical Range)</p>								
<p>Navigation: [X] Arterial Blood Gases</p>								
<p>Arterial Blood Gases</p>								
<p>Sample Type</p>								
<p>LJ HCO3</p>								
<p>LJ PaCO2</p>								
<p>LJ PaO2</p>								
<p>LJ SaO2</p>								
<p>LJ Base Excess</p>								
<p>LJ Hemoglobin (ABG)</p>								
<p>LJ Met Hemoglobin</p>								
<p>LJ PH</p>								
<p>Wings Labs</p>								
<p>LJ CDHb</p>								
<p>Presenting Information</p>								
<p>Image Comments</p>								
<p>Tracking Activity</p>								
<p>Vital Reason</p>								
<p>Mode of Arrival</p>								
<p>ED/HV Test Offered</p>								
<p>Medication Hx</p>								
<p>Medication Y/N</p>								
<p>Vital Signs and Measurements</p>								
<p>Temperature</p>								
<p>Temperature Method</p>								
<p>Heart Rate</p>								
<p>Respiratory Rate</p>								
<p>Systolic Blood Pressure</p>								
<p>Diastolic Blood Pressure</p>								
<p>Oxygen Saturation</p>								
<p>Nurses Note</p>								
<p>Pain Assessment</p>								
<p>Pain Symptoms</p>								
<p>Region</p>								
<p>Pain VAS Scale</p>								
<p>Neuro</p>								
<p>Adult Verbal</p>								
<p>Adult Motor</p>								
<p>Adult Eye Opening</p>								
<p>Neurological Assessment</p>								
<p>Adult GCS Calculation</p>								
<p>Neurological Additional Information</p>								
<p>Adult/Ped Glasgow</p>								
<p>Vitals</p>								
<p>Arterial Blood Gases</p>								
<p>Sample Type</p>								
<p>LJ HCO3</p>								
<p>LJ PaCO2</p>								
<p>LJ PaO2</p>								
<p>LJ SaO2</p>								
<p>LJ Base Excess</p>								
<p>LJ Hemoglobin (ABG)</p>								
<p>LJ Met Hemoglobin</p>								
<p>LJ PH</p>								
<p>Wings Labs</p>								
<p>LJ CDHb</p>								
<p>Presenting Information</p>								
<p>Image Comments</p>								
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<p>Vital Reason</p>								
<p>Mode of Arrival</p>								
<p>ED/HV Test Offered</p>								
<p>Medication Hx</p>								
<p>Medication Y/N</p>								
<p>Vital Signs and Measurements</p>								
<p>Temperature</p>								
<p>Temperature Method</p>								
<p>Heart Rate</p>								
<p>Respiratory Rate</p>								
<p>Systolic Blood Pressure</p>								
<p>Diastolic Blood Pressure</p>								
<p>Oxygen Saturation</p>								
<p>Nurses Note</p>								
<p>Pain Assessment</p>								
<p>Pain Symptoms</p>								
<p>Region</p>								
<p>Pain VAS Scale</p>								
<p>Neuro</p>								
<p>Adult Verbal</p>								
<p>Adult Motor</p>								
<p>Adult Eye Opening</p>								
<p>Neurological Assessment</p>								
<p>Adult GCS Calculation</p>								
<p>Neurological Additional Information</p>								
<p>Adult/Ped Glasgow</p>								
<p>Vitals</p>								

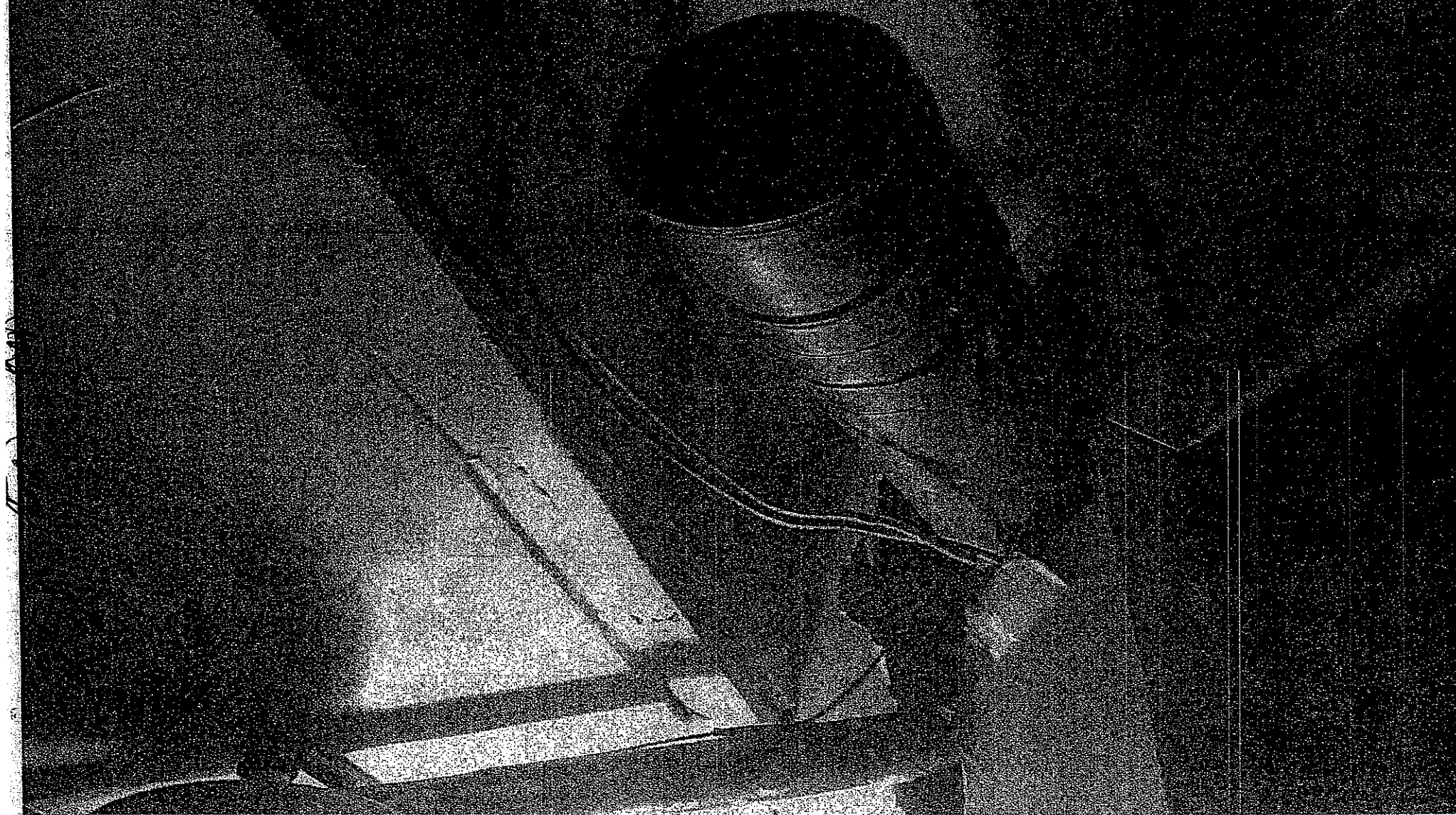
17-365

211

10

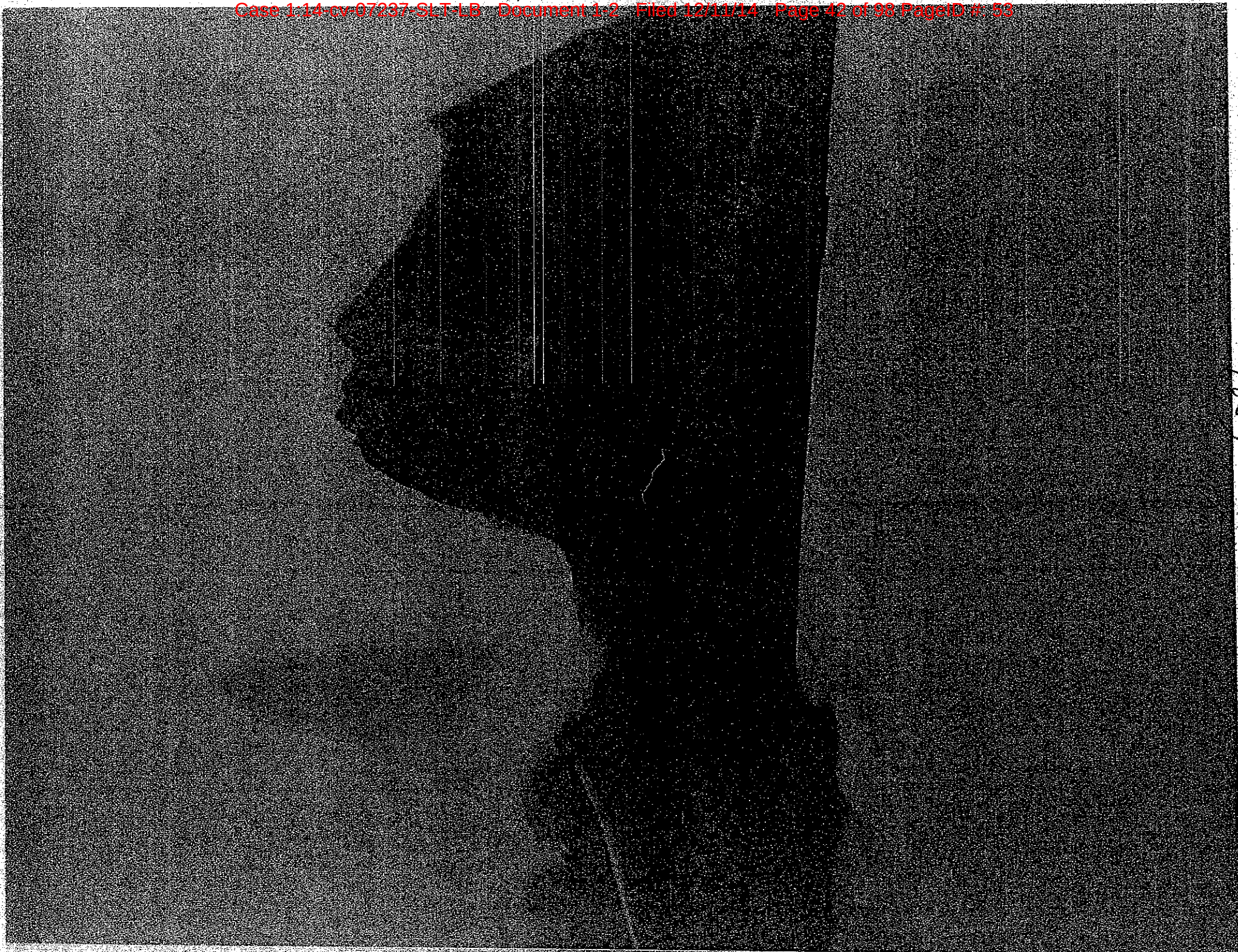


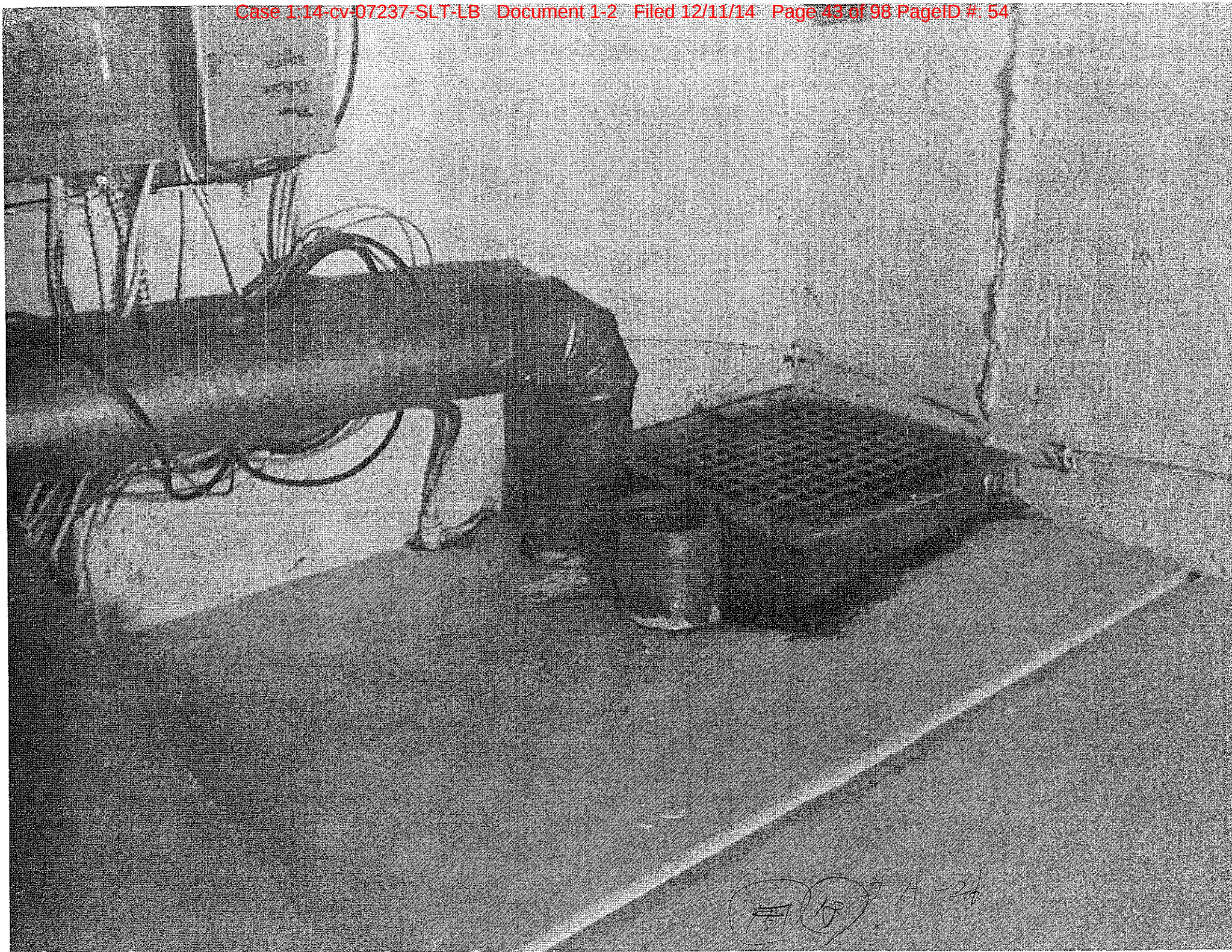










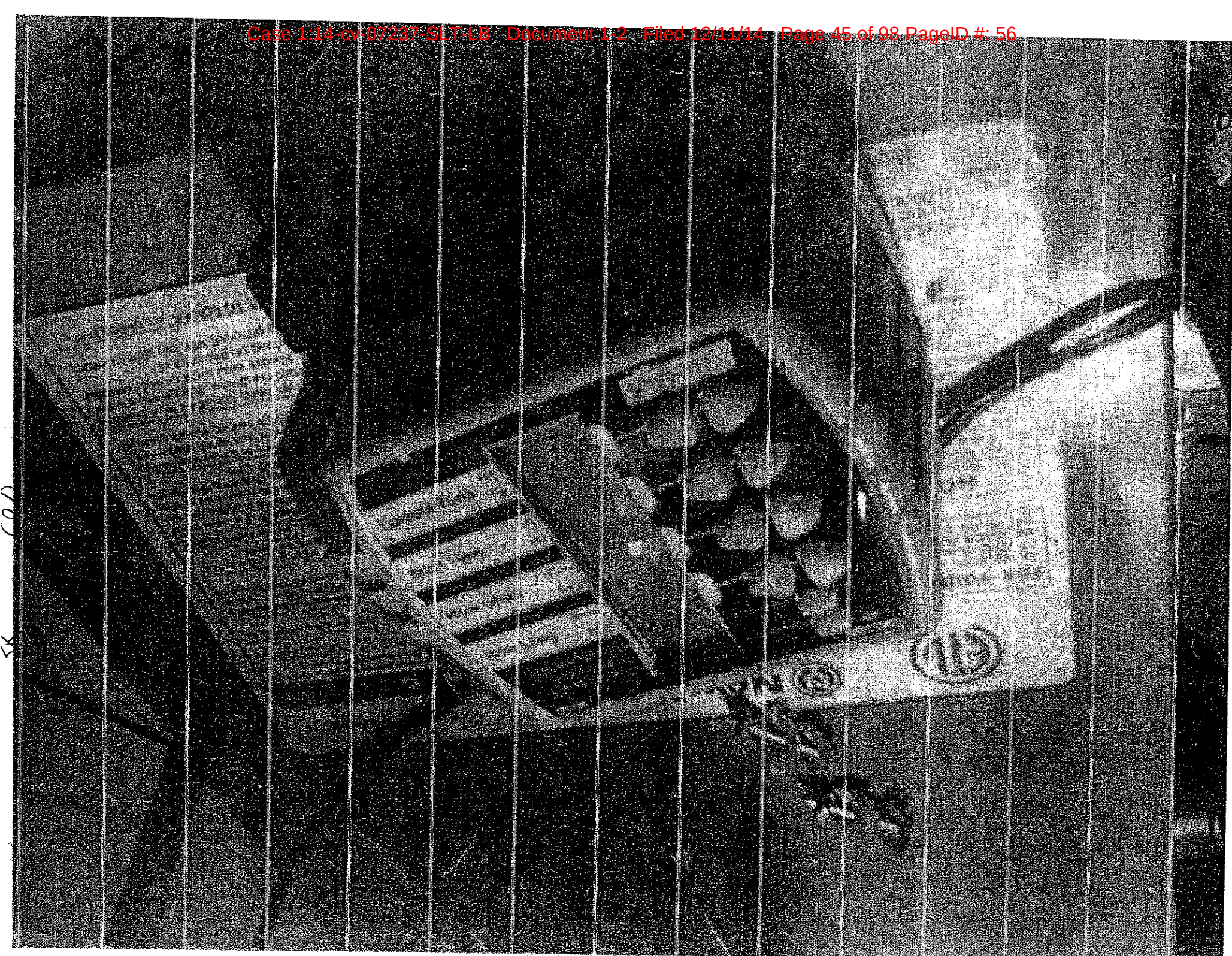


Upside down
Can not go one
gases & ATRS

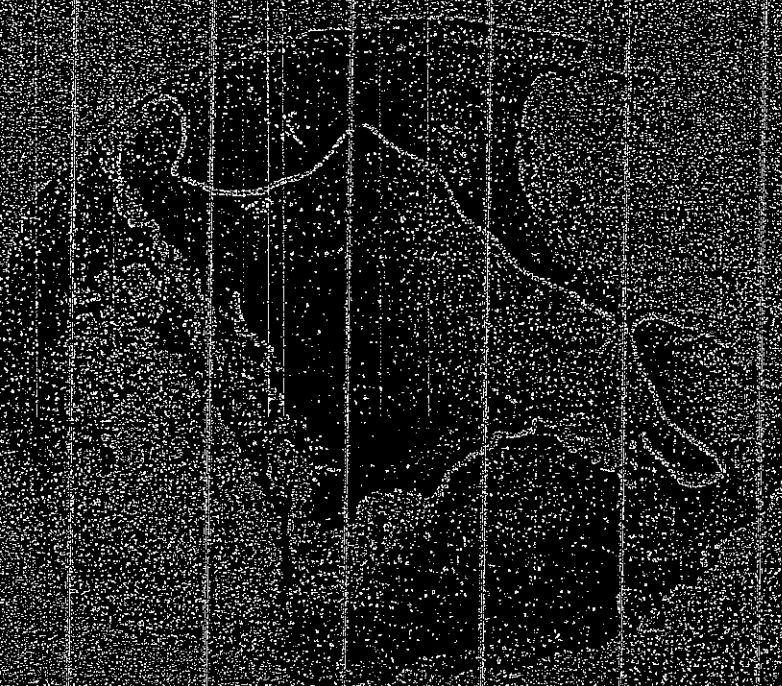
(A9)

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5K

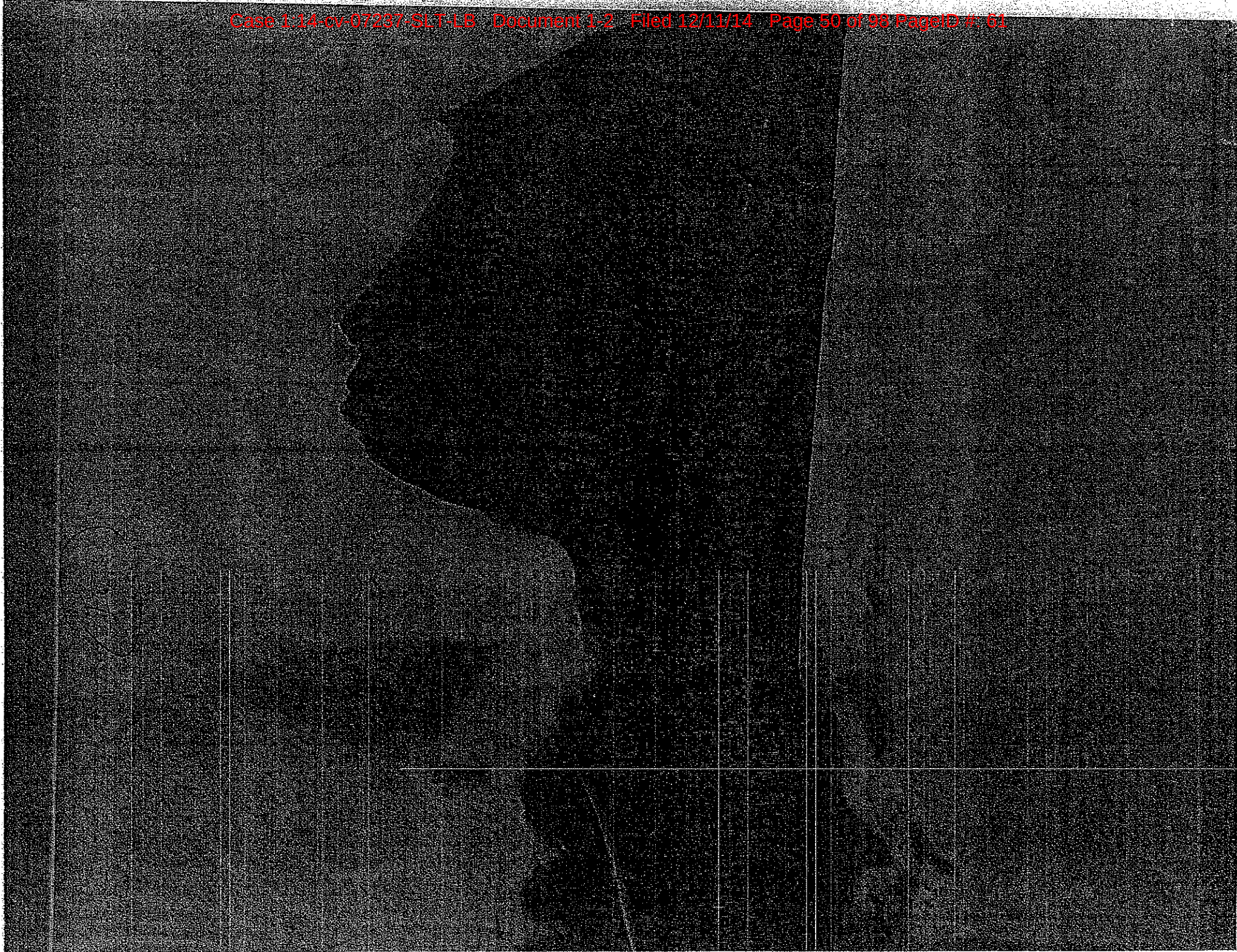


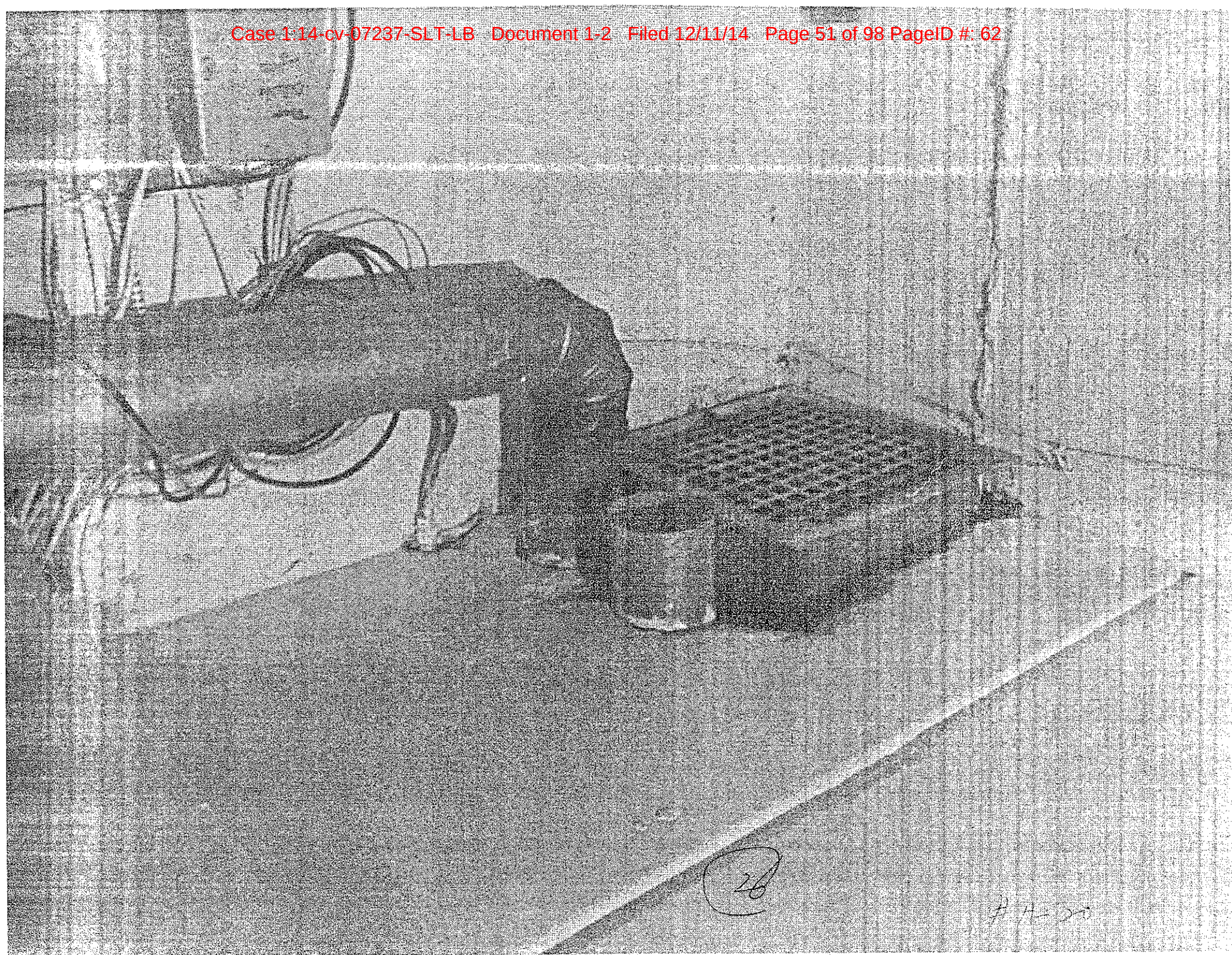
3/18/14
12/11/14
12/11/14



(22)







(1) 21#

Model KN-10E-G-3
Assembly N#900-0113

August: 20/200 → Manual

11/12 - 21 p.m.

18/25 - Middle

12/02 - reset. ~~reset~~

66651 - 40/21

12/04 - 15ppg

90 km
Liddo T oppm

adda - 40/21

Added - 3/1/21

too heavy
add 90 lbs
add 70 lbs
add 60 lbs
add 50 lbs
add 40 lbs
add 30 lbs
add 20 lbs
add 10 lbs

R-2(1)

71A-15

Ed: N # KN copp-3

Assembly N # 900-0006
03/12/2011 - Manufacture

add 81 = 11/11

3/21

add'l 4/24

12/4 → reset - furnace

6/11 → madda

melida \leftarrow 8 mi

12/13 - oppm.

#919-563-5911
your teacher
hwy 725
let us

linda
occasions
more

12-22(2)

12/04 → both machine reset

CO + GAS

LO

12/04 → 0 PPM

12/04/2011 → 0 PPM

12/30/2011 Test 214 PPM
gas YES

01/26/2012 ~~13~~ PPM

13

01/26/2012

17

02/01/2012 13

unit reset 02/01/2012

0

unit now 0

17

01/11/2012 asked Steel my building # A-16

to stop gas & chemicals

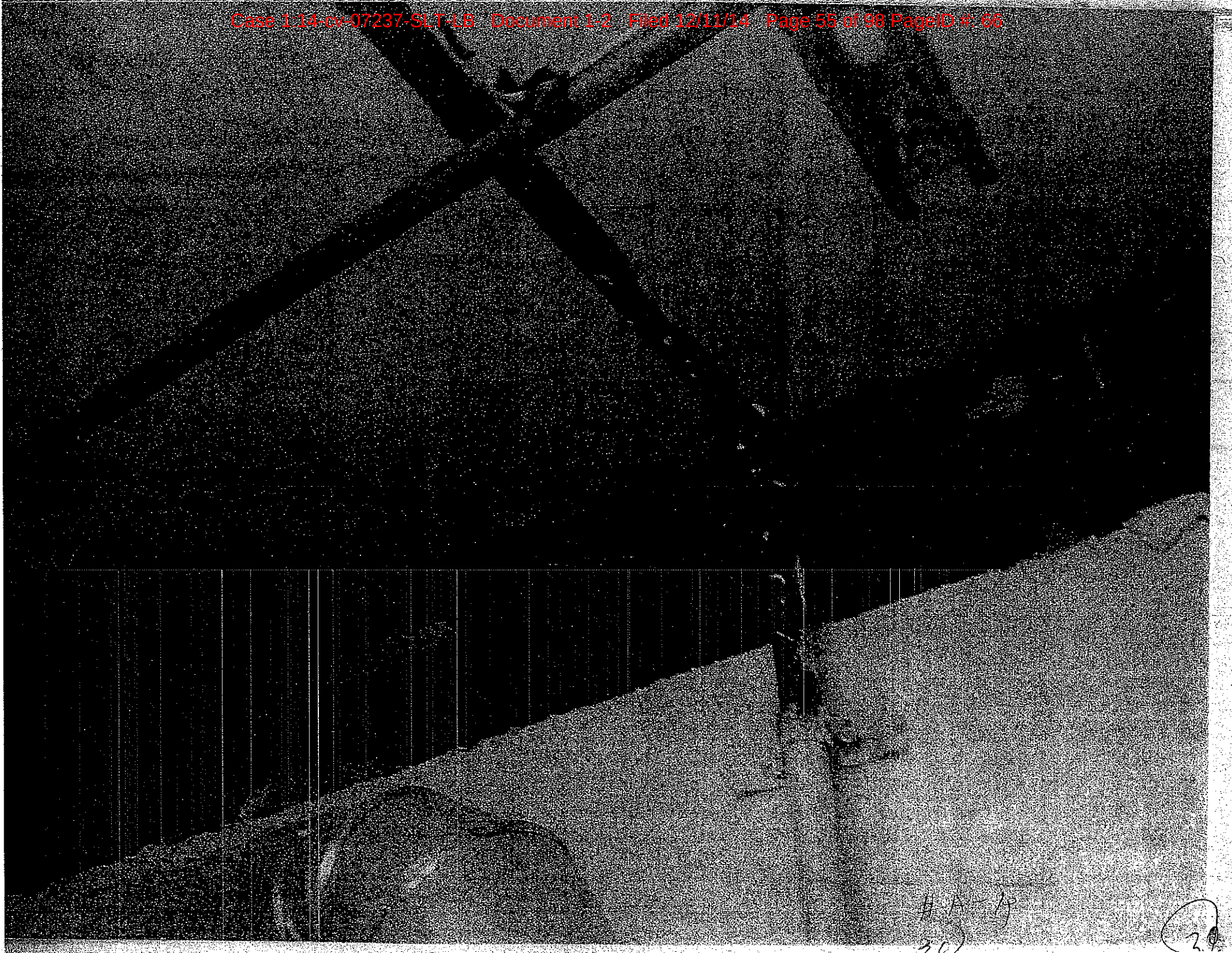
(28)

but he said he can't stop

unit because if did not catched fire now

unit gas & chemical

61



As & Counter Claim

#.

Pls: Index # 074271/2010 & (non-payment

Index # 82678/2011 (hold over case)

79444/2011 (hold over case)

counter claim: Intentional negligent, intentional breach of safety warranty of habitability.

Intentional breach of lease (contract)

To: NYC Court in Queen & Orlcos Developments.

① Currently this premises has the six units including my apt #6.

② Certificate of Occupancy (See # B-3)

Apt #6; 148-15 Barclay Ave #6 Flushing

NY 11355 does not an Apartment & permit

"Cellar" ⇒ Apt #6 is in effect cellar,

& Also Apt #6 is Illegal 3rd Apt

③ My lease & Non-payment Case (# 74271/2010, wrote as Apt #6 is ^{the} Ground Floor but

hold over case (# 82678 & 79444) wrote

(31)

#2

As Apt #6 is the basement

" On petition paper #4 (Index # 82678)

hold over) expressed All room Bsm't in Basement
as 149-15 Barclay Ave Basement Floor,

Flushing, NY 11355"

When I signed the lease agreement,
my landlord said this Apt is the ground Floor

So: The basement Apt #6 rented as the
ground Floor Apt #6 to me for 1 year. less
by my landlords. ~~less~~ as described non-

payment case (#74201/10)

(see #A-1, C-1, 2, B-1, 23) & hold over
case (#82678 & 99444),

⇒ This petitioners - Landlord is doing

fland definitely to me & the court,

(5) This is the multiple dwelling (APT)

According to Certificate of Occupancy.

(32) So ⇒ This #6 is " illegal 3rd Apartment "

#3

① Respondent Young Shin is a tenants in possession of said premises pursuant to written rental agreement made 06/01/2010 for 1 yrs.

so It is not correct on # 82678 (hold over NO #2: " NO written rental agreement made " made "

② petition #9 in lot #7421/10 (Non-payment) is that "The premises are not a multiple dwelling" (see #C-2)

Also petition #9 in lot #82678 & 19 that hold over is that "The premises are the multiple dwelling".

According to Depart. of Building Co (see #

This building can use the multiple dwelling

conveniently
⇒ my landlord & their lawyers ~~conveniently~~
have been fraud to every body.

⑧ On the petition paper # 82678 & 79444 #4
 (hold over) is that " The Apt is not subject
 to rent stabilization or rent control because
 the Apt is exempt or. the premises contain
 fewer than six units "
 but currently this premises has the
 six unite including my apt #6.
 So. According my landlord ~~said that~~ this
 premises could be the rent stabilization or
 rent control Apt according on the petition.
 (non-payment & hold over) because currently
 this premises has the six unite including
 my apt #6
 This is not correct & Any action on
 your demand & written on the ~~per~~ petition
 is a breach of the law. (see # 74271/10,
 non-paycase & # 82678 & 79444 hold
 over case).

#5-
After false inspection on 07/16/2010 about
converted illegal Apt #6, my landlord put me
non-payment case August 2010 in court.

I went to court 3 times. After 2 times court,
my landlord came to my Apt & told me

"Not go to court for non-payment case
any more" ~~because I was going to court~~

~~with illegal converted Apt #6 & false~~
~~inspection~~ & my landlord offered 1 year

free rent to me with verbal agreement on
around 11/03/2010 although he can not
ask the rent by law.

(False inspection is ~~same~~ No one live in Apt #6
on 07/16/2010, although I am living in Apt #6 from 06/04/12
until now 07/29/2012)

After verbal agreement, I got the ~~same~~
harassment, provided not safety habitabilities,
~~my~~ the Damagement of my properties by
landlord intentionally.

⑨ After I moved in June 4th 2010 in this #6 premises, I got a notice on window about my APT around June 20, 2010 for "Inspection of illegal converted APT #6" but the landlord ordered to me "Do not open the door to the unknown people" Now I think it because of the building inspection.

Regarding another notice for inspection on July 16, 2010, landlord tried to make the wall for blocking my bathroom & kitchen with 4 men. My landlord ordered 4 men to the packing all my belong to look like the storage not repair. They came in my APT for repair of my APT at that time.

My APT #6 started repair "look like storage & sign down for my home business" (36)-A

My landlord (Sacks) put me a hotel on July 15, 2010 night for 1 day of inspection on

July 16, 2010 in my Apt.

My landlord (Sacks) promised to make the original state of my Apt before when I returned in my Apt. but he did not do

after false inspection as No illegal converted Apt #6 although I am living in my Apt from 06/04/2010 until now 02/29/2012 with illegal converted

Apt #6

⇒ This is the definitely Fraud against City & Inspector.

So with a little argument, the landlord broke the wall to open the my bathroom door & kitchen.

he asked me move out with \$1000 on the street of the building when I return after false inspect

(36) B

#8

I did not happy what he said &

He took the advantage of my good heart.

although this is his fault & his deception to me & NYC Inspector

(I did not know what's going on at that

time).

I had spent 4-5 days for clean & arrange in my apt after inspection on 11/16/2010.

He had to give the proper compensation above my loss (times & business) but he

did not do it at that time.

As my signs down every day for inspection & after inspection even though in other owner fence sign by my landlord. I lost my business completely for paying rent & living after false inspection & with

putting gases in my apt.

When my landlord packed my belongings for inspection on July 15 2010 to

(10)
(37)

P. 11, 1-1 &

something is not correct.

So I asked it to lawyers by the phone & personally when he asked me to move out after false inspection day July 16, 2010 in the street of the premises when I returned from hotel.

Then I knew that it is a illegal apt & landlord deception & fraud to me & city.

① A - The landlord did not provide the hot water in my bathroom since I move in June 4th 2010 until July 23, 2010 after false inspection for almost one & half month

② B - The landlord did not give the heat this winter 2011 until now.

C - shut down the electricity on 9/16/2010

③ D - take down my signs for home busin
- - - - - through signs

9
#18
something is not correct.

So I asked it to lawyers by the phone & personally when he asked me to move out after false inspection day July 16, 2010 on the street of the premises when I returned from hotel.

Then I knew that it is a illegal apt & landlord deception & fraud to me & city.

21 A - The landlord did not provide the hot water in my bathroom since I move in June 4th 2010 until July 23, 2010 after false inspection for almost one & half month

22 B - The landlord did not give the heat this winter 2011 until now.

C - shut down the electricity on

9/16/2010

23 D - take down my signs for home busin

in the another owner fence - started #1.
around 07/10/10.

E - every morning whenever I opened door in my back yard door, there are bowel movements for 3 months from April to

June 2011.

F - dropped water from ceiling bathroom for 4 months every day upon 10 min from around 6/11/2011 changed time to

5 AM in the morning

I saw ft to my landlord's employer & my landlord & fireman.

G - catted drain pipe & sealed with cement & plastic bag in drain pipe. hole (the sewer drainage) to make my apt flooding in raining day by my landlord on purpose inside 20 inches outside door 40 inches of my apt #6. I took out the flooding water in my apt by hand for 3-4 day. (see R-1. P-2 C1-2

#12
I called my landlord over 10 times for this flooding cases but I did not hear it at all from my landlord.

On purpose the damage of my properties (clothes, books, computer, notebooks, bed all furnitures etc.)

It is a criminal case for on purpose

Damage of my properties.

(2) yelled with F-words from my landlord families & my landlords many times in my apt, the front of door, street to me whenever they saw me after 11/03/2013

(13) my landlord (woman, & man) walked in my apt (I said "not get in my apt" but no permit woman throwed on my & my landlord woman throwed on my belongings to me. so when I called

(40) 911 to report ~~to~~ my landlord violence

She grabbed my telephone & tied 911 #12
" here is violence in my apt & gave her
name & thrived out my telephone on the
face although my landlord women did

violence to me ⇒

(14) baseless sues 3 times (1 time - non payment
2 times - hold over case) for 1yrs to me

It is too hardship for me.

(my landlord lawyer told me on 11/20/2011
at court " Don't show up 12/01/2011 court
day # 19444 for hold over case " because
of this case was closed already. but they
(my landlord lawyer & landlord) all show
up for proceeding this holdover case
without me in court 12/01/2011)

It is a trick & dirty game (profession
ethical problems) ⇒ two case in same time of
court ⇒ fraud case
(15) my landlord put gases including CO,
& other chemical substances on & off
(41)

In my Apt almost 7 months until #13
now from June 2011.

It have been hard to catch those because
of on & off the gases in my Apt &

When open the door & window.

Although I have some evidences about gases, co
with little machine measuring gases, co
etc 15. 17. 19. 20 in my Apt.
ppm ppm ppm

They have tried to make me insane.

With normal people.

With normal pipe in boiler room.

as my landlord cut pipe in boiler room
for draining. smell & gases & made big hole

of the wall in the boiler room &

air drain pipes made upside down

contaminated air could not take out
from boiler room

so all contaminated air & chemicals in

boiler room have been entering into

the my apt #6 intentionally. #14

As my landlord put gases & chemical substances in my apt on & off on purpose (intentionally). It is harm the people case.

* If gas pipe leaked, gases, co & chemical substances is always there (in my apt #6). * When I told him a small fire in my apt to using match for candle, he (sack) said, It is not possible to fire because he put a very small amount gases in your apt. after that, my smoke alarm cutted when I returned home ~~out~~ from outside.

* 01/11/2012 I asked Sack (my landlord) to stop to put gases & co. & chemicals substances at the front of door the building. on 14-15 Barclay Ave., but he said no & he can not stop to put gases & chemical substances in my apt

because I could see the men did not
caught those in my apt because I opened
the window & door whenever they come in
apt (sometime I did not see to turn on
the machine of furnace, just see black,
not zero sign when they came to check
my apt on 12/04/201 night & other time
(see - A-1)

* According lease agreement #32 (see - A-1)
Landlord states that the apt & building
are fit for human living & there is no
condition dangerous to health life or
safety.

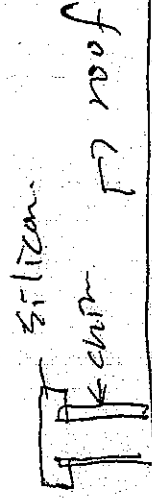
* The my landlord didn't provide those
safe habitabilities intentionally in my
apt for a long period time,
(see - the R 3)

* mold on the wall in the bathroom &
Kitchen, closet, under all furnitures
in the room & living room because of

(47)

17) No light outside of walking in the #16 building almost of 2010 & 2011.

18) The summer 2011, my landlord put in a lot of silicon on the roof & chin.



When I asked the professional opinion by the phone with Dennis M Statton PhD for health, Toxicology, & Environment. about putting silicon on the roof & chin. It could be blockage draining fates. like w. car, contaminated air. from inside to outside.

19) I received it by a certified mail after first court day 11/20/2011 about affidavit of service was not properly served.

⇒ So, This holdover case is dismissed

① my landlord did not ask me the #19 renewal lease

② my mail is lost & returned to sender
(see post card sign)

* my landlord (Sack) said I did not do wrong & strange action during 1 1/2 yrs ~~is~~ living in my apt, in trial vac/ptco on 02/6/2010 for hold over case # 82-bkt

my request

① I ask the court the whole building

Inspection including my apt #6
(see - R-3 - G-1 F-1 H-1 P-1 - 23

② false inspection (02/6/2010) against NYC about as illegal converted apt w/ illegally converted apt although I have lived in apt #6 from 06/04/2010 until now => this is fraud

(46)

③ Apt #6 is not an primary resident #18 as permit 11 cellar " but currently

The premises has the six unites as illegal ~~but~~ converted apt by my landlord

APT #6 is illegal 3rd aptment & was given illegal lease & cheated the Ground

Floor. by landlord to me & court (see non-payment court paper & my lease)

The petitioners - landlord must be put

the restrictive place because of dangerous

person not to harm in society & nation

from now & in the future with intentionally

negligent & intentionally breach of safety

Warranty of habitabilities, Intentional

breach of contract (lease)

④ Also please ask to dismiss the compl.

the petition # 74201/10 (non-payment

Case & holdover # 82678) based on fact

of the subject matter jurisdiction or

(47)

by order of Ejectment Jurisdiction #19
in Supreme Court.

Respondent ask the Court those petition
must dismiss because Any action on
my landlord demon is a breach of law
& fraud.

my landlord should not ask rent or using
occupancy because of not provided the
proper living condition & staying in apt.
Safety from which I moved in apt.

June 4 2010

* please pay the cost & disbursement of this
proceeding, compensation (\$200,000^{or}) about me
proper living conditions such as no hot water
in bathroom, No heat, flooding in my apt.
putting water, fumes, other chemical substances,
& not proper process lawsuits, hardship &
mentally & physically of baseless law suit.

Intentionally negligent & breach of #22
Safety warranty of habitabilities,
Intentionally breach of contract (lease)
Damaged loss of my properties, Medical
bill etc.

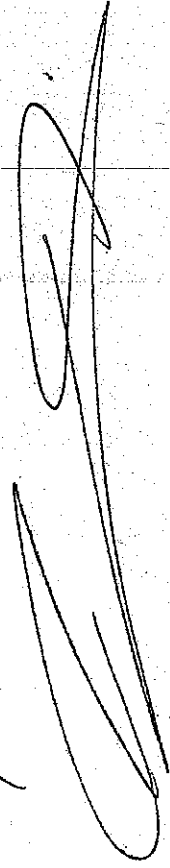
Also ask the Court to live safety
warranty habitabilities.

Thank you.

149-15 Barclay Ave. #8

Flushing, NY 11357

Younis ~~Shin~~ Shin



Oikos Development

against

YOUNG SHIN

For this matter is discontinued.

I asked the compensation of baseless cause
Cindex # 074271) → fraud in this lawsuit
proceeding: i dirty game
she with same subject 01/20/2011 Index # 82678/11

today (12/01/2011) index # 794444, harassment
by landlord & people for him such as water & gases
leakage on & off for many months tear down walls
flooding my apt with cutting pipe & illegal insper-

with illegal lease & illegal rent etc.

those harassment interference with my privacy
comfort & quiet enjoymentⁱⁿ my apt including

(25) 3 times baseless & not proper proceedings & cost
& my proper damage as flooding my apt with ~~water~~ ⁱⁿ 11/11/11

#2
cutting drain pipe on purpose \$10,000, Hospital Ex
fee because of gas leakage on \$ off in my apt
around \$500.

I asked total \$35,000 but this case closed

without those.

I ask to Judge those (\$35,000) for this case
closed.

My landlord lawyer told me on 12/24/2011 at court

" don't show up 12/30/2011 (today court day index#
178444/11) because of this case was closed already.

They all showed up for proceeding this case without
(my landlord & lawyer)

me. It is a trick & dirty game.

They put another case already 11/20/2011 (index
826778/11) with same subject. They cannot do this
action. I with same subject & same time.

They (my landlord lawyer & my landlord) must give
a proper punished because professional ethical problems
& fraud.

Thank you Young Shin

149-15 Barclay Ave (51) Flushing, NY 11354

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF QUEENS

HOUSING PART

-----X-----

Index No. 07 Y 271
L & T 2010

OIKOS DEVELOPMENT LLC,

Petitioner (Landlord)

PETITION
Non-Payment Dwelling

- against -

Petitioner's Business Address:
149-15 Barclay Avenue
Flushing, New York 11355

YOUNG SOON SHIN,

Respondent (Tenant)

Address: ~~149-15 Barclay Avenue Apt 6~~
~~Flushing New York 11355~~

-----X-----

THE PETITION OF OIKOS DEVELOPMENT LLC, the owner and landlord of the Premises,
shows that:

1. The Petitioner is the owner and landlord of the Premises.
2. The undersigned is a managing member of the Petitioner, a New York limited liability company.
3. The Respondent, YOUNG SOON SHIN, is the tenant of the Premises described below, who entered into possession under a certain rental agreement made on or about May 27, 2010, between Respondent as tenant and Petitioner as landlord, wherein Respondent promised to pay to landlord as rent \$1,000.00 per month, payable on the first day of each month. Respondent is now in possession of said Premises.

basement apt
4. The Premises from which removal is sought were rented for dwelling purposes and are described as follows: all rooms, Apt. No. 6 (on the Ground floor), 149-15 Barclay Avenue, Flushing, New York. The Premises are situated within the territorial jurisdiction of the Civil Court of the City of New York - County of Queens. *No ground floor*

5. Pursuant to said rental agreement there was due to landlord from Respondent tenant as follows: \$1,000.00 for July, 2010; \$1,000.00 for August, 2010. Respondent tenant has defaulted in the payment thereof, and the total rent in arrears as of the date hereof is \$2,000.00.

C-2 (52)-A

6. Rent has been demanded personally from Respondent tenant, in writing, since the same became due. Rent has been demanded by service of a "Three Day Notice" upon the Respondent, in accordance with the requirements of the Real Property Actions and Proceedings Law of the State of New York. A copy of said notice, together with proof of service thereof, is attached hereto and made a part hereof.
7. Respondent holds over and continues in possession of the Premises without the permission of landlord after said default.
8. The Premises are not subject to rent control or the Rent Stabilization Law of 1969, as amended by Chapter 576, Laws of 1974, as amended by Chapter 403, Laws of 1983, by reason of the fact that the building in which the Premises are located is not a multiple dwelling.
9. The Premises are not a multiple dwelling. *⇒ can use a multiple dwelling (see #B-3)*
10. ~~The property herein sought to be recovered is the residence of the tenant herein.~~

WHEREFORE, Petitioner requests final judgment awarding possession of the Premises to the Petitioner landlord; the issuance of a warrant to remove Respondent from possession of the Premises; a judgment for rent in arrears against Respondent tenant for \$2,000.00; and the costs and disbursements of this proceeding.

Dated: August 31, 2010


SAKOS ZACHARIAS
Authorized Member
OIKOS DEVELOPMENT LLC
Petitioner

(52) 13

Tong Yun zao

149-11 Berkeley Ave #3A

Fishing: N. Y. 1135-

CP : 646-259-2593

#... 7/2 SEO, Joong Yun 0/242 3/2192

401 01/20/21 149-15 Barclay Ave #6 (Basement)
7-5LT-LE

Flushing - N.Y. 11355

Document 12 Filed

12/11/14 Page 81

12-17-10

98 Page 90 #: 92

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

1205010426

81

5

②

당시에 서로 다가 제복내려 두들 아파드미 등 앞에

있었다 둘 애플 파이프는 두사람이 아홉시 팔십두 애플이

부터 (지휘자에게 아대로 내려오는 애플 파이프의 애플은) 애플은

둘다만 내려오 애플이. 하수도를 연결되어서 애플이 애플이 애플

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③

중 남자들은 여분의 Pipe를 가져와서, 산해진 곳에
다른 Pipe를 연결해서 물의 양향을 Apt 아래로
다시 떨어뜨려... 그리고 증압수들은 물을 들어와서
자라 신생한 새끼들 CAM 정도에 자라났을 듯하다
사육하 하느, 새끼들은 자라났고, 각각의 아바타들을 하신다
그서 친구들에게 여러번 전화를 (한 10번정도) 했을거다
전체, 아바타들이 있었을거다...
신생한 새끼들 8/13/11, 9시 (AM)부터 ~ 8/15/11 까지
유명한 Apt 인종에 아바타들이 있는 물은
(자라 물들은 아바타 자라난 자라난 물은
그들 다 내려 있었을거다).

8/13/11, 일요일. 그리고 자라났을 자라난 자라난
아바타들고 계신다 인종에 Apt 내려 물은
있을거다...

Apt에 있는 자라난 물은 물에 있는 물이
OK. 물은, 자라났을 자라난 물은 물은 물은
8/14/11 - (월요일) 이 신생한 새끼들은 물은 물은 물은
물은 사육한 새끼들 자라났을 자라난, 물은 물은 물은
물은 자라났을 Bug으로 자라났을 물은 물은 물은
아바타 자라났을.

(5)

#R-1

Young Yun Seo

149-11 Barclay Ave #3A

Flushing NY 11355

C.P.: 646-289-2593

My name is Seo Young Yun. I am a neighbor of Young Shin (Address: 149-15 Barclay Ave #6 (Basement) Flushing NY 11355). Early on Sunday, August 13, 2011 at 4:30am I woke up to the sound of someone knocking on my door. It had been raining heavily all night and when I opened the door Young Shin was standing in the doorway completely drenched. She said she needed help because there was water in her Apartment. I went to her house and I was surprised. Outside of her back door there was about 40 inches high and about 20 inches inside the apartment. All of her furniture, clothes, computer etc was all submerged in in water. It was continually raining outside and the pipe that drains water seems to have been severed and missing. Rain from the rooftop that should have drained into the sewers had nowhere else to go I was rendered speechless. Young Shin said that the drainage pipe had been cut by the landlord. She had requested that it be fixed several times but he ever did. When I heard that I couldn't believe it.

According to my neighbor Young Shin, the landlord had cut off the drainage pipe and never fixed it despite Young's requests to fix it. When I heard that, I did not quite understand. I wondered, wouldn't all landlords immediately fix any problems that arise in the apartment or the surrounding area? Young had called the landlord several times and even left voice mail but the landlord did not answer the phone or even return her calls.

It made sense that the first thing we should do was to block the drainage pipe so that the water could be contained and stop flowing towards the apartment door. However, we needed help from others to do this so Young went to ask for help from someone living in 1A of the first floor. Around 5am the man who lived there opened the door and listened to the story. He found some leftover pipe part and connected it to the area which the drainage pipe was cut off, in order to change the direction of the water away from the apartment. Then the man went back home and around 6am Young came to my house to take a shower and eat some breakfast. Then, Young made about ten more phone calls to the landlord but there was still no reply. Between 7am on August 13, 2011 to the afternoon of August 15, 2011, Young was scooping out water from her apartment with her hands. Whenever I went to the parking lot after work, I would see her continuously scooping water out with a bowl.

On Sunday, August 13, 2011, when I bought some dinner to go and delivered it to Young myself, I saw her still scooping out water from her apartment. The furniture in her apartment was soaked and damaged. Her room, kitchen, living room and bathroom was filled with water and looked like a swimming pool. On Monday, August 14, 2011, Young showed me where the landlord

(5)

^{picture}
used the cement wall to blocked up the sewer drainage, and showed me the ~~place~~ where the landlord removed the big plastic bag which blocked the sewage hole. The whole apartment was flooded and all the furniture in the apartment was damaged. Young seemed very frightened. The landlord should have taken a look at the apartment, seen the situation and tried to solve the problem in any way possible. However, the landlord never appeared.

As I witnessed Young using her hands to remove and wipe the water, and organize her apartment for three days, I felt concerned for her. I did not know how to help. From common sense I found the landlord's attitude strange and hard to understand because most landlords come to check up on the problem two or three days after receiving the call. However, from my experience I really cannot comprehend the behavior of Young's landlord.

If you have any questions about this incident, please reach me at the following address or number:

Date: 11-25-11 Friday

Name: Joung Yun Seo

Address: 149-11 Barclay Ave #3A

Flushing NY 11355

CP.: 646-289-2593

WP.: 718-805-2318

(5)

175,000.
THE CITY OF NEW YORK

DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

BOROUGH

QUEENS

DATE: 11-16-89

NO.

Q-211239

ZONING DISTRICT B5

This certificate supersedes C.O. No.

THIS CERTIFIES that the new - ~~existing~~ building - premises located at Block 5054 Lot 5
149-15 Barclay Ave.
CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE
LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN
NB 647/87

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NUMBER OF PERSONS PERMITTED	ZONING REQUIREMENTS OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
CELLAR	0.6.			1	2		ACCESSORY USES
1st	40		1	2	2	J-2	MULTIPLE DWELLING "A" REQUIRED ONE CAR GARAGE
2nd	40		2	4	2	J-2	MULTIPLE DWELLING "A"
3rd	40		2	4	2	J-2	MULTIPLE DWELLING "A" REQUIRED OPEN PARKING FOR TWO CARS
THIS IS ONE OF (5) FIVE TAX LOTS ON A SINGLE ZONING LOT. SEE N.B. 643-647/87							
RESTRICTIVE DECLARATION FILED UNDER REEL 2612 PAGE 1669							
DREYWELLS IN ACCORDANCE WITH BSA CAL.# 895-87A							

THIS CERTIFICATE SHALL ALSO BE CONSIDERED A CERTIFICATE

OF COMPLETION OF OCCUPANCY UNDER SECTION 301 OF THE

MULTIPLE DWELLING LAW.

OPEN SPACE USES

SPECIFY - PARKING SPACES, LOADING BERTHS, OTHER USES, NONE!

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS

A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED
THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO THE CONDITIONS AND
SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Philip E. Olin
BOROUGH SUPERINTENDENT

COMMISSIONER

☐ ORIGINAL☒ OFFICE COPY - DEPARTMENT OF BUILDINGS☐ COPY

58

B-6

60

Civil Court of the City of New York Housing Court

Respondent Answers on _____

Answer is _____

Petitioner Notified on _____

Trial Date 4-2-12 Part C 630

Assigned to Part _____

- ☐ Date Filed _____
- ☐ Fee Waived - Judge _____
- ☐ Appeal Filed - _____
- ☐ Jury Demand Filed _____

Date	<u>4-2-12</u>	Court Action or Comments	<u>1</u>	Adjourment Request: Petitioner Respondent
Part	<u>C</u>	<u>adj to 5/2/12</u>		Reason for Adjourment:
So Ordered	<u>JUDGE S. WALKER</u>	<u>pending inspection</u>		Rent Deposit: Adjourment period to be ex Adjourment period to be cha Days charged to be limited to
Date	<u>5-2-12</u>	Court Action or Comments	<u>2</u>	Adjourment Request: Petitioner Respondent
Part	<u>C</u>			Reason for Adjourment:
So Ordered	<u>JUDGE S. WALKER</u>			Rent Deposit: Adjourment period to be ex Adjourment period to be cha Days charged to be limited to
Date	<u>6-4-12</u>	Court Action or Comments	<u>3</u>	Adjourment Request: Petitioner Respondent
Part	<u>C</u>	<u>proceeding is dismissed</u>		Reason for Adjourment:
So Ordered	<u>JUDGE S. WALKER</u>	<u>w/o p as per before</u>		Rent Deposit: Adjourment period to be ex Adjourment period to be cha Days charged to be limited to
Judge	<u>JUDGE S. WALKER</u>	<u>has been lawfully executed</u>		

FELONY WARNING:

000463/2012 HP T VIOLS
03/08/2012
PREMISES:
149-15 BARCLAY AVE 6
PET:SHIN YOUNG
ATY:PRO SE
RSP:OIKOS DEVELOPMENT
ATV:
☐ Residential ☐ H.P. ☐ 7-A ☐ Commercial
Date Filed _____ Index Number _____

Imminent Request: Petitioner Respondent Court Consent	Notice of Appearance <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
n for Adjournment:	
Deposit: Adjournment period to be excluded under RPAPL §745(2) Adjournment period to be charged under RPAPL §745(2) Days charged to be limited to _____	
Imminent Request: Petitioner Respondent Court Consent	Notice of Appearance <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
n for Adjournment:	
Deposit: Adjournment period to be excluded under RPAPL §745(2) Adjournment period to be charged under RPAPL §745(2) Days charged to be limited to _____	
Imminent Request: Petitioner Respondent Court Consent	Remarks:
n for Adjournment:	
Deposit: Adjournment period to be excluded under RPAPL §745(2) Adjournment period to be charged under RPAPL §745(2) Days charged to be limited to _____	

removes, mutilates, destroys, conceals or obliterates a record of this office is subject years.(Penal Law § 175.25) One of _____

627

→ I filed the notice of appeal on June 21, 2012

- I was evicted from this my show order cause illegal bsmt apt on 5/16 (5-6 yrs → denied & my document of motion dropped as per Hon. Leverett 3/16)

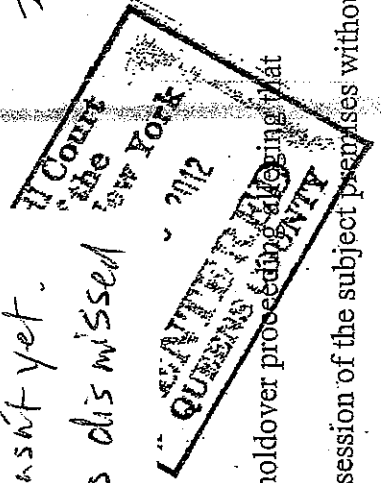
index No.: 82678/11

Pet decision after trial.

ECISION/ORDER

- She says she plans to appeal but hasn't yet.

Re - LL atty wants dismissed



HON. ULYSSES B. LEVERETT:

-against-

YOUNG SOON SHIN

Petitioner Oikos Development commenced this holdover proceeding alleging that respondent Young Soon Shin has continued to be in possession of the subject premises without the permission of the petitioner. Respondent alleges breach of warranty of habitability.

The subject premises at 149-15 Barclay Avenue, Flushing, New York is a multiple dwelling duly registered with the Department of Housing Preservation and Development. Respondent resides in an illegal basement apartment at the subject premises.

After trial the Court makes the following findings of fact and conclusions of law.

Petitioner witness Zacharias testified that respondent moved into the subject premises in 7/10. He stated that the subject premises are an unlawful basement unit and that respondent's lease has expired on 5/31/11.

Respondent Young Shin testified that she moved into the subject premises in 6/10 and that her lease expired in 5/31/11. She stated that she has not paid rents since 7/2010 because she became aware that the basement apartment was illegal. Respondent testified that she had no heat since 11/12, that there is an ongoing gas leak from 6/10 to present, mold in the apartment, and water leak from bathroom ceiling.

→ I came 2 inspection note on the end of June 2010

06/2011. (63)

Civil Court of the City of New York
County of _____

Index Number 82678/2011

Part _____

OKOS Development LLC

Claimant(s)/Plaintiff(s)/Petitioner(s).

NOTICE OF APPEAL

-against-

Young Shin

Defendant(s)/Respondent(s)

PLEASE TAKE NOTICE that the Appellant, Young Shin

hereby appeals to the Appellate Term of the Supreme Court, First/Second Department, from

the Order/Judgment by the Hon. CLYSSER S. REDFORD
(Strike one)

Judge of the Civil/Housing Court of the City of New York, entered in the office of the Clerk of
(Strike one)

said Court on June 21, 2012, and from each and every part thereof.

Dated: June 21, 2012
Appellant's Signature: [Signature]

Appellant's Name: Young Shin

Address: 149-15 Barclay Ave #8

Papas + Papas
33620 Bredon
Al.

Hushing, NY 11355
Appellant's Phone: 917-992-2525

CIVIL COURT OF THE CITY OF NEW YORK
87-17 South St. Boulevard
Jamaica, NY 11435
Register #: 02 Transaction No.: 390351
Index Number: 82678 SLT 2011
FEE: \$30.00 Paid
Cash
June 25, 2012
Notice of Appeal
PM 06-28-12 AM 13:20
KEEP THIS RECEIPT WITH YOUR COURT PAPERS

Notice of Appeal
H
Fee: \$30.00 Paid
06-25-12 Transaction #: 390351
Index No.: 82678 SLT 2011

64

APPELLATE TERM OF THE SUPREME COURT
OF THE STATE OF NEW YORK FOR THE 2ND, 11TH & 13TH JUDICIAL DISTRICTS

MICHAEL L. PESCE, P.J.
JAIME A. RIOS
THOMAS P. ALIOTTA, JJ.

-----X

DECISION & ORDER ON MOTION

Oikos Development, Respondent, v Young Soon Shin,
Appellant.

Appellate Term Docket No.
2012-1687 Q C

Lower Court # 082678/11

-----X

Motion by appellant to be restored to possession of the subject apartment pending the determination of an appeal from an order of the Civil Court of the City of New York, Kings County, dated June 21, 2012, and for other relief.

Upon the papers filed in support of the motion and no papers having been filed in opposition thereto, it is

ORDERED that the motion is denied.

ENTER:

I filed my times
for show order cause

bue I denied & also
I filed my papers for show order cause

SEP 21 2012

I court missed all papers (my papers)

So I give up it because it is
wait time

OIKOS DEV. v YOUNG SOON SHIN

(65)

system is not
worked for justice

RECEIVED
APPELLATE TERM
CLERK'S OFFICE
12 NOV 14 PM 4:38

Paul Kenny
Chief Clerk

Paul Kenny
Chief Clerk

CIVIL COURT OF THE CITY OF NEW YORK

County of Queens

Date 11/11/11

Part D

Wilson Development
Petitioner(s)

against

Yang Shen
Respondent(s)

Party (please print)

Petitioner

Respondent 1

Respondent 2

Respondent 3

Added/Amended
or Deleted

Appearance

No Appearance

No Answer

This matter is discontinued with prejudice.

[Signature]
Attorney for Plaintiff

[Signature]
Tenant

[Signature]
Indepert

no

Hand [Signature] Tenant No sign + agree

thick [Signature] # 11/11/11 case was discontinued

as 11/20/11 on 11/20/11

my landlord lawyer court-day case # 11/01/2012

ask me don't show up on 11/01/12

(66) because case closed but two case same time

Index No. L&T: 79444/11

Page 7 of 7

Hon. M. Pinberry

STIPULATION OF SETTLEMENT

The parties understand that each party has the right to a trial, the right to see a Judge at any time and the right not to enter into a stipulation of settlement. However, after review of all the issues, the parties agree that they do not want to go to trial and instead agree to the following stipulation in settlement of the issues in this matter.

Part

tsu:igə

Respondent(s)

Donnerstag

11/28/11

4, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100

water
run land and ask me

100

His master is disowned and

[Faint, illegible handwritten notes]

Robert L. Jones

July 21

100

10/10/10

1/10/2017

~~not a good paper~~



3) 04/23/12 = NO vacate need for Inspector # 3405. with my land
 Inspector) my landlord **NYC** favor
 by court) avoid fines/punishment
 after I already my apt 03/12/2012 always open
 .gov

NYC Department of Buildings

Overview for Complaint #4498173 = RESOLVED

Complaint at: 149-15 BARCLAY AVENUE

BIN: 4315217

Re: APT 6/ BSMIT ILLEGALLY CONVERTED INTO AN APT

Borough: QUEENS ZIP: 11355

Category Code: 45 ILLEGAL CONVERSION

DOB District: N/A

Special District:

Assigned To: QUEENS BOROUGH OFFICE

Priority: B

Received: 10/28/2011 15:20

Owner: OIKOS DEVELOPMENT LLC

Block: 5054

Lot: 5

Community Board: 407

Last Inspection: 03/12/2012 -- BY BADGE #2269

Disposition: 03/12/2012 - Y3 - PARTIAL VACATE ORDER SERVED

Comments: 3 FAM CONVERTED TO 4 FAMILY BY THE ADDITION OF CLASS 'A' APT AT CELLAR WITH INADEQUATE 2ND MEANS OF EGRESS VACATE IN PROGR

DOB Violation #: 031212C07RM01/02

ECB Violation #: 34950606P 34950607R

after I already vacated from my apt 03/12/12

50 I slept in back yard

Complaint Disposition History

Disposition Date Code

03/07/2012 C1

Disposition

INSPECTOR UNABLE TO GAIN ACCESS - 1ST ATTEMPT - NO ACCESS L54 POSTED

03/12/2012 Y3 PARTIAL VACATE ORDER SERVED

3 FAM CONVERTED TO 4 FAMILY BY THE ADDITION OF CLASS 'A' APT AT CELLAR WITH INADEQUATE 2ND MEANS OF EGRESS VACATE IN PROGR

Inspection

By

2269

Date

03/03/2012

2269

03/12/2012

If you have any questions, please review these Frequently Asked Questions, the Glossary, or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

on 03/12/2012

D Resolved with a wrong inspection report (EX: really register apt # of the building is 5 family converted 6 families but.

Inspector # 2269 had the wrong inspector + the wrong report as 3 family converted to 4 family. I was vacated from my apt immediately + effected the judgement for evicton after that, on 04/23/12 inspector charged 5 family as not rent stabilized apt. converted 6 family, now premises C see the future) #25

really my apt #6 have 2 doors with inadequate 2nd but Inspector reported at cellar must be vacated from my apt means of egress => fire cord violation building not partial vacate fire cord violation must be vacated all building only me. 6/14/2012

NYC BUILDINGS

*DO NOT
REMOVE*

**VACATE
DO NOT ENTER**

THE DEPARTMENT OF BUILDINGS HAS DETERMINED THAT CONDITIONS IN THIS PREMISES ARE IMMINENTLY PERILOUS TO LIFE.

THIS PREMISES HAS BEEN VACATED AND REENTRY IS PROHIBITED UNTIL SUCH CONDITIONS HAVE BEEN ELIMINATED TO THE SATISFACTION OF THE DEPARTMENT.

VIOLATORS OF THIS COMMISSIONER'S VACATE ORDER ARE SUBJECT TO ARREST.

DATE

03.12.12

ADDRESS

149-15 BARCLAY AVE

FLOOR

CELANO

BA
CE
By Order of the
BUILDING

